

THE *Canadian Hospital*

Official Number of The Ontario Dietetic Association



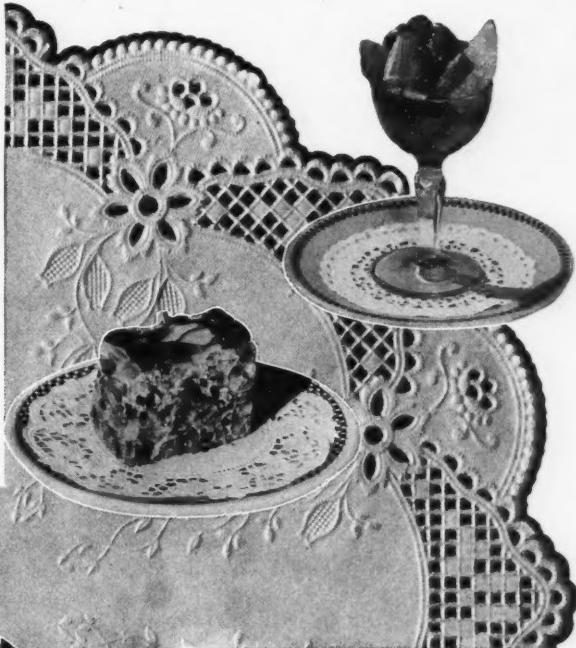
Toronto, Can.

The Edwards Publishing Company

May, 1935

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***Your patients may enjoy
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Except with those few individuals who suffer from diseased or highly sensitive intestines, where "bulk" in any form is contraindicated, you may safely recommend Kellogg's ALL-BRAN. Sold by all grocers in the red-and-green package. Made by Kellogg in London, Ontario.

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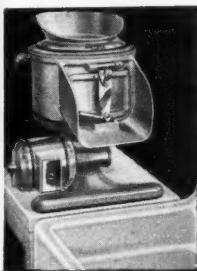
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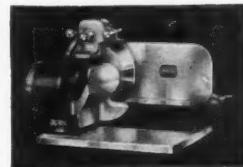


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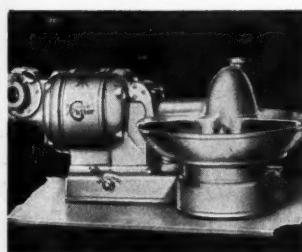
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MODEL A-120 MIXER.



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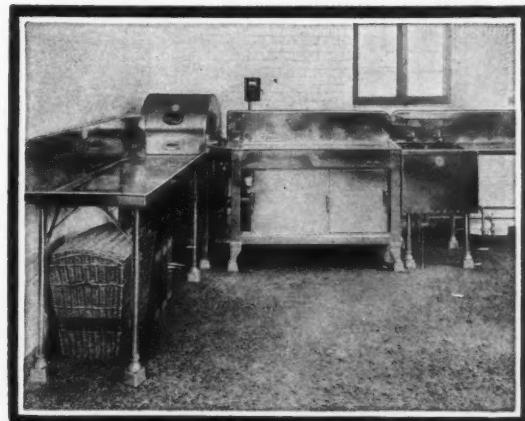


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New, low-priced Hobart Food Cutter for all vegetables, raw and cooked meats, fruits, nuts, etc. No kitchen can afford to be without it, especially NOW! Cuts, slices, grates, shreds.

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A view of the Model KM Crescent installed in a modern Hospital Diet Kitchen. Note its compact arrangement in the corner to give maximum efficiency in a minimum of space. All Crescents have the exclusive Revolving Wash which Scours the dishes clean with Amazing Rapidity.

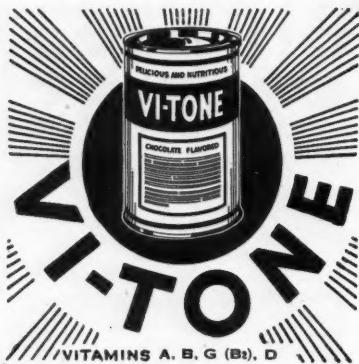
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A WORTHWHILE MESSAGE

The purpose of this advertisement is to give you briefly some salient facts about VI-TONE.

This delicious chocolate flavored food drink provides, in a concentrated and highly palatable form, some of the most essential constituents often lacking in the daily diet. Processed together are the solids of Soya Bean milk and cow's milk; calcium, phosphates, lactates, iron and a trace of copper. In this way, VI-TONE

furnishes a source of high-grade proteins and mineral elements. The ash of VI-TONE is alkaline and consequently the beverage itself is an alkali-forming food. VI-TONE contains fine quality malt and also the vitamins A, B, G (B2) and D. Finally, and this is important, VI-TONE with milk three times a day furnishes about two-thirds of the daily requirements of calcium, phosphorus and iron necessary for children and expectant and nursing mothers.

We will gladly forward sample on request.

VI-TONE COMPANY - HAMILTON, ONT.

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Wholesale Produce Merchant

Dealer in

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Table Butter a Specialty

Comb and Extracted

HONEY

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Warehouse—EL. 8357 and 8358

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DIONNE QUINTUPLETS BORN MAY 28 ~ 1934
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Worthy of Your Professional Recommendation in Infant Feeding

THE St. Lawrence Starch Co., manufacturers of this outstanding brand of corn syrup, are proud of the important part their product played in the first feedings of the famous Dionne Quintuplets. Corn Syrup, milk and rum sustained life for these precious little bundles of humanity until sufficient Mothers' milk could be made available.

When you decide to use a corn syrup as a milk modifier in infant feeding—there is no finer brand of corn syrup that can be recommended than Bee Hive Golden Corn Syrup. A Canadian product, manufactured to the highest Standard of Quality and Purity known to the industry. Laboratory analyses prove this.

We solicit your professional recommendation of Bee Hive when the infant's feeding is to consist of milk and Corn Syrup.

**ST. LAWRENCE STARCH CO.
LIMITED
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Manufacturers of

Bee Hive Golden Corn Syrup, Durham Corn Starch,
St. Lawrence Maize Oil, St. Lawrence Corn Starch and
Ivory Gloss Laundry Starch.



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SMITH'S PURE FOOD PRODUCTS

Grown and Packed in the Heart of the Niagara Fruit Belt.

First Packers of Pure Jams in Canada.

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SMITH'S PURE MARMALADES
SMITH'S PURE GRAPE JUICE
SMITH'S PURE TOMATO CATSUP
SMITH'S PURE CHILI SAUCE
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SMITH'S PURE TOMATO JUICE
SMITH'S FROZEN CHERRIES
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Also

SMITH'S DIABETIC JAMS and MARMALADES

All lines packed in convenient and economical sizes for HOTEL, HOSPITAL and RESTAURANT use.

A Word to Dietitians:-

You are interested in serving *pure* foods. Do you know the full significance of the word "Pure" on a Jam label?

On Strawberry Jam, for instance, "Pure" means that it contains 71.8% more Strawberries than in Government Standard Strawberry Jam with added Pectin Color, etc. (See Federal Dept. of Agriculture Bulletin "Jam, Jellies and Marmalade Label Interpretations," issued by Fruit Commissioner, Feb. 25/30.)

We shall be glad to submit prices and samples of any of our products on request.

E. D. SMITH & SONS LIMITED

Established 1882

Growers and Shippers of Fruit and Nursery Stock. Florists, Landscape Architects, Manufacturers of Jams, Tomato Products, etc.

WINONA - ONTARIO



A typical view in a "Coca-Cola" bottling plant—modern, light with shining cleanliness.

22 scientific tests constantly safeguard the purity and uniformity of "COCA-COLA"

"Coca-Cola" is a pure drink of natural flavors, purest cane sugar and pure carbonated water (no artificial coloring used).

"Coca-Cola" is made in modern, sanitary plants—automatic machinery sterilizes, fills and seals every bottle air-tight, without the touch of human hands from start to finish.

Constant scientific laboratory tests check and control its purity and uniformity during every step of its manufacture.



Graduate Chemists in spotless laboratories keep constant vigilance.

"Coca-Cola" is sold in 76 countries and complies with the pure food laws of all of them.

The Coca-Cola Company of Canada, Limited



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Quality

BERKEL

Value

Meat and Bread Slicer Specialists for over thirty-six years.

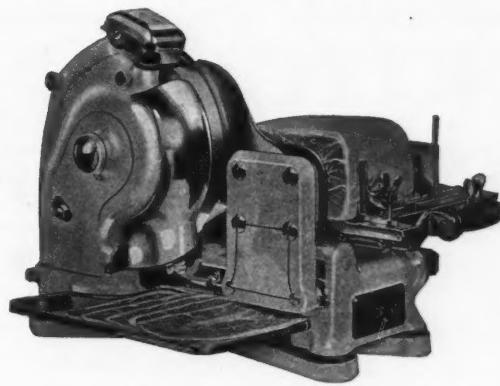
DIETITIANS—

Find the BERKEL machine invaluable for simplifying the preparation of more attractive dishes—and at a lesser cost than can possibly be done slicing by hand.

PATIENTS—

Enjoy the neat, uniform and the more appetizing—more palatable portions produced by machine.

You are cordially invited to visit our showroom and inspect our complete line of slicers.



BERKEL Model L slices meat, bread, cheese, vegetables, fruit—in fact anything sliceable.

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McCLARY-GARLAND
Heavy Duty Gas Range

Has concealed manifold, smooth flush front, heavy insulated oven, balanced insulated oven door, enameled oven linings, oven heat control (optional), improved type oven burner; salamander broiler, left or right extensions, and spreader plates can be supplied. No. 45-28 illustrated—"All Hot Top" model.



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ELECTRIC RANGE

No. 29-2, complete unit of one oven (as shown) or in batteries of two or more. Cooking surface of two-section, removable French plates, smooth and polished—flush type insulated steel door—all elements removable—oven enameled inside and out—side wall Bimetallic oven thermometer—lined with 4" insulation throughout.

NO. 20 "CHEF JUNIOR" (to left)
Complete unit of 1 firebox and 2 ovens; lined with best firebrick; heavy oscillating basket grate or flat grate for wood burning; double-deck high shelf or high closet. Write for further particulars or ask for our Kitchen Equipment catalogue.

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Modern Hospital Construction today demands specialized Kitchen Equipment planning more than ever before. Food service is all important, and we as manufacturers of complete hospital and institution food service equipment are in a position to give you a consulting service without obligation.

This service is Dominion wide and no matter how small the job, our Kitchen Engineers can submit complete and detailed drawings to meet your requirements. Proper planning of your kitchen and food distribution equipment will save you many dollars and expensive after alterations.

Write for Our Equipment Catalog.

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TORONTO - ONTARIO

TWO DESSERTS

*which will appeal
to Dietitians*



Junket
REGISTERED

Made with Junket Powder mixed in milk.

Junket
REGISTERED

Ice Cream Mix

Makes ice cream smoother, creamier and more digestible.

These JUNKET Desserts have three features which make them specially interesting to dietitians.

First—they are so wholesome and digestible.

Second—they are so delicious and so popular with children, and everybody including people of delicate appetite.

Third—they are approved by physicians.

Junket Powder comes in six popular flavours—Vanilla, Orange, Raspberry, Chocolate, Lemon and Coffee.

Junket Ice Cream Mix—Chocolate, Vanilla, or Maple.

Note—For institutional use, Junket Powder and Junket Ice Cream Mix are put up in larger packages at a quantity price.

Write for particulars and samples.

THE JUNKET FOLKS
833 King Street West Toronto, Canada

The Canadian Dietetic Association is Inaugurated at Ottawa

By MARGARET McCREADY



Lorena
Richardson,
Toronto,
President
of
The Canadian
Dietetic
Association.



IT was very fitting that a national organization of dietitians should be effected in the capital city. This year was the fourth since the organization of the Ontario group. It was thought that the provincial group should throw all its influence into furthering a Canadian Association, and consequently it was voted to merge the provincial group with the newly formed Canadian Dietetic Association. The feeling of the dietitians was, however, that local associations should be encouraged, and that provincial dietetic associations might be formed if the need arose. The meeting was unanimous in voting that a degree from a recognized college or university should be a requisite for membership in the new association, after 1936.

A plan of organization and annual meetings was approved for the present, but it was suggested that in a few years' time a new executive organization might be necessary in order to meet the needs of an increasingly larger Canadian Association.

The present executive of the new Canadian Dietetic Association is composed of dietitians from Ontario and Quebec only, in order to facilitate the holding of executive meetings. However, in addition, two councillors from each of the other provinces will be included in the governing body. Officers elected were as follows:

Honorary President—Miss A. L. Laird, Professor of Household Science, University of Toronto.

Honorary Vice-President—Miss Bessie M. Philp, Director, School of Household Science, Macdonald College, Quebec.

President—Miss Lorena Richardson, Toronto.

President-Elect—Miss Ruth Park, Montreal.

Other Members—Miss Gwen Taylor, Toronto; Miss Olive Cruikshanks, Guelph; Misses Elsie Watt, Kathleen Jeffs and Emma O'Dell, of Montreal.

Meeting of Ontario and Quebec Dietetic Associations

The gathering of the Quebec and Ontario Dietetic Associations was held in joint session at the Chateau Laurier, Ottawa, April 27. It was a first venture for each organization to take its meeting to another city. Delightful weather, a large attendance, a programme of outstanding speakers, and excellent cuisine contributed to make the day a feast of intellectual and material significance.

Each of the speakers paid high tribute to the profession of dietetics through the branch in which he had contact.

At the opening session, Dr. R. E. Wodehouse, of the Department of Pensions and National Health, brought greetings to the convention. His department has found the services of dietitians indispensable in government hospitals throughout the country.

In securing Dr. Rabinowitch, of Montreal General Hospital and McGill University, to discuss diabetes, the convention heard an international authority upon this disease. He explained the increasingly successful results of feeding a high carbohydrate, low calorie diet to a large group of diabetics over a period of five years. Much of the work involved in carrying out this experiment was done by the dietary department, and again high tribute to the value of these professional workers in assisting such research was paid by Dr. Rabinowitch.

At the afternoon meeting, Dr. Kaufmann of McGill University presented a paper on the anemias, classifying the various types and treatment. Since diet enters the latter, it is the especial concern of the therapeutic dietitian. Whether it be as a hospitalized patient, or one attending an out-patient clinic, the dietitian's practical application of the theory of treatment is invaluable to patient and doctor.

Leaving the hospital field, the next speaker, Miss Goodeve of the Child Welfare Association, Montreal, told of her trip to England and of the growing interest of the medical profession of Great Britain in teaching nutrition as an essential part of preventive medicine.

The importance and the functions of fats in nutrition were stressed by Dr. E. W. McHenry, University of Toronto. He showed how families, forced by economic circumstances to live upon low food allowances, invariably suffered from hunger and generally poor nutrition, because of the low fat content of their diet, the fats of milk and meats particularly being too expensive to buy in amounts conducive to a feeling of well-being and a state of health.

At the luncheon, Miss Laura M. Comstock, President of the American Dietetic Association, brought greetings and the assurance that their organization would always be

ready to co-operate with The Canadian Association in the interest of the professional dietitian.

The guest speaker at the banquet was Milton M. Campbell, Vice-Chairman of the Tariff Board, Canada. Mr. Campbell felt that a professional group, such as the dietitians, should be particularly aware of the advances of science and the effects on our social system. He urged that intelligent thought be given the unemployment problem particularly.

Notes From the Convention at Ottawa

Saturday, April 27, was a memorable day in more ways than one for a great many dietitians who gathered at the Chateau Laurier, Ottawa, for a joint meeting of the Quebec Dietetic Association and the Ontario Dietetic Association. Mrs. S. F. Taillon, President of the Ottawa Dietetic Association, extended a warm welcome to the delegates at the opening of the morning session. At the noon hour, Her Excellency, the Countess of Bessborough, arrived, and after saying a few gracious words, she personally welcomed each member. Little Miss Joy Frith presented Her Excellency with an old-fashioned bouquet.

Prior to luncheon, Lady Perley greeted many of the members individually.

Luncheon was held in the Quebec suite when the delegates were guests of the Ottawa Dietetic Association, Miss Bessie M. Philp, McGill University, presided.

Mayor Nolan welcomed the 196 delegates present and expressed the hope that, in the future, Ottawa would be pointed out as the most beautiful capital in the world.

At the luncheon, Miss Laura M. Comstock, President of the American Dietetic Association, brought greetings and extended an invitation to the members to attend the American Dietetic Association Convention being held in Cleveland in October. Miss Lorena Richardson, with much humour, introduced the sixteen exhibitors to the delegates.

After the afternoon session of the convention was concluded, the members of the Ottawa Medical Association kindly motored the visiting delegates around the city, stopping for them to visit the Ottawa General Hospital, and ending up for a delightful tea at the Ottawa Civic Hospital.

A most delightful banquet was held in the evening in the banquet hall of the Chateau Laurier, 161 delegates attending. A toast to the King preceded the evening programme. Dinner guests at the head table were: Reverend Dr. G. C. Pidgeon, Toronto; Dr. and Mrs. F. W. Routley, Toronto, representing the Canadian Hospital Council; Miss M. Stewart, Ottawa, Registered Nurses' Association of Ontario; Miss Muriel Lowry, Alexandria, the Provincial Department of Public Health Nursing; Dr. F. P. Quinn, Ottawa Medical Association; Mr. and Mrs. Milton M. Campbell. Mr. Campbell was the banquet speaker, and had as his topic "Science and the Social Problem."

On Sunday, seventy-two delegates took the opportunity of spending a most delightful day at the Seigniory Club, Montebello, Quebec. The weather added to the well-planned pleasures of the day, which again were so thoughtfully arranged by the hostesses, the Ottawa Dietetic Association.

SECTION REPORTS DIETETIC

Report of Diet Therapy Section

Madam Chairman, members and guests of the Ontario Dietetic Association and Quebec Dietetic Association.

Realizing that there is the need for a standard in training the student dietitian in Canada, at the suggestion of the executive and other interested members, the Diet Therapy Section of the Ontario Dietetic Association, have this year taken as their project, "The Drawing up of Such a Course for Student Dietitians." The committee composed of Miss W. Moyle, Chief Dietitian, Toronto General Hospital; Miss E. Wark, Chief Dietitian, Western Hospital, Toronto; Miss P. West, Dietitian, Toronto East General Hospital, and Miss K. Burns, Dietitian, Hospital for Sick Children, Toronto; together with an advisory committee, have drawn up a suggested outline which is available to all members. In drawing up this course, the committee have deemed it wise to keep our standards uniformly high and yet not make it impossible for the small hospital to measure up to a Grade A Dietary Department.

This outline has been sent to members of our profession throughout Canada and we have had many helpful and varied replies. Time does not permit to go into details, but some of the main points to be noted are as follows:—

1. Whether or not there should be an age limit.
2. Should the minimum length of course be 7 or 8 months, and the maximum, 9 months?
3. That teaching of the student nurse should be required, not optional. The main reason the committee placed this heading under optional was, that there is a tendency at present on the part of some hospitals to eliminate the training school for nurses; then there is also the question whether the nurse-in-training should receive her course in Dietetics from an experienced dietitian.
4. Should child feeding be optional?
5. The addition of field trips, out-patient clinics and social service was suggested.

Those of us who have followed the various steps of the American Dietetic Association, realize that it is not practical in the beginning to lay down too many details. While there may be many worth-while additions, the committee have deliberately noted the minimum requirements so that the smaller centre may still afford training for dietitians. With the large number of students graduating in Household Science each year, we are dependent in Canada upon the smaller hospital to give good training to our graduates.

Madam Chairman, before moving the adoption of this report, I would like to recommend that this outline with all correspondence, be passed on to the incoming executive with the suggestion that a committee be appointed by them, to go into this outline very thoroughly before a final standard for training the student is adopted by the Association.

Gwendolyn Taylor,
Chairman.

ARTS OF THE ONTARIO DIETETIC ASSOCIATION

Report of Administration Section GRADING OF MEAT

Group Under the Direction of Mrs. Doris Stuart

The first meeting was held at the home of Mrs. Doris Stuart. The speaker was Miss Margaret Rees, head dietitian at Canada Packers Limited. She gave an interesting paper describing the methods of government grading of beef. She also described the Royal Winter Fair beef of 1934, the weight and quality of baby beef and its merits as compared to choice steer beef.

The next meeting took place at Canada Packers. Mr. Lang, sales manager for Canada Packers; Mr. Thompson, head of the government beef grading department for Ontario, and Mr. Malpass, head of the beef cutting department of Canada Packers, were present to show us the various grades of beef, veal, pork and lamb, and also to answer questions. The group donned white coats and went into the cold room, where the meats were on display.

Some of the cuts of meats shown and described by Mr. Malpass were:—

A side of baby beef.

A side of "Red Brand" beef, which is the government branch for "choice." Red Brand is the produce of well-bred and highly-finished cattle. The flesh was bright red, the fat creamy and evenly distributed. The bones were pearly in color and there was very little waste.

The "Blue Brand" side shown was a little heavier. This is a good grade, though not quite as well finished as the red brand. It was not so fat and the fat was not so well distributed. However, it was noticeably superior, even to the inexperienced observer, to the next side of beef shown, which was good quality steer beef.

This beef was older and not so well fed. The fat becomes whiter and harder as the beef gets older. The bones lose their pink, pearly appearance, and become white and solid.

Beef is the best aged from five to six weeks. It shrinks 5% during the ageing.

Next were shown the three grades of veal. The first was choice, milk fed, well finished and had more fat than the second grade. The third grade was lean and stringy and had been fed on skim milk. There is usually a spread of 4c. per lb. between choice, medium and poor grades.

Lamb and pork came next. Good lamb is short and stocky, well finished and without excess fat up the back of the side. The cheaper grades of lamb were just as expensive as the per plate. Lamb is graded into A, B, C and D grades. A good weight is around 37 lbs. D grade weighs 50 lbs. and over.

Good pork is not too fat and the flesh is very firm.

GRADING OF EGGS

Group under the direction of Miss Mary Clarke, Macdonald Institute, Guelph.

Suggestions for Buying Eggs.

A eggs may be as good as A1.

A1 eggs come only from Government licensed farms

and only guarantee a mild flavoured yolk secured by careful feeding.

Only A1 and A eggs may be recommended for infant feeding and table use.

B Storage eggs may be more reliable than B Fresh.

B Storage eggs should be good cooking eggs from November to February inclusive. Miss Darby at Macdonald Institute found these satisfactory for such dishes as sponge cake, Mayonnaise and meringues (1935).

All eggs offered for sale should be graded, eggs are guaranteed for thirty-six hours after delivery.

If eggs are not of required standard demand improvement. If in doubt, a government inspector will be glad to offer his services in testing.

Candling is the only method of detecting blood or meat spots. It is not perfect for this because certain shell colors and other factors affect it. However, there should not be more than 1% blood spots on A or A1 eggs as candling should show about 99% of these. (Answer to query.)

A1 eggs are just as likely to have blood spots as A, if not more so.

Careful storage of eggs in the institution is essential. Storage must be clean, free from foreign odors, and cool. Optimum temperature is about 30°-32° F.

GROUP ON CLEANING AGENTS

The following notes on cleaning agents have accrued as a result of several meetings of a small group in the Administrative Section of the Ontario Dietetic Association. These suggestions are proffered, not as being an authoritative or exhaustive treatment of the subject, but rather as the humble gleanings of experience.

1. FLOORS.

(a) Terraza and Tile

These floors should be washed thoroughly with a solution of T.S.P. 1 lb. to 5 gal. water gives sufficient alkalinity to remove grease and dirt. Then they should be rinsed with clean mops and dried. If necessary repeat. Rinsing with clean mops is very important.

(b) Linoleum

Do not use water oftener than necessary. Warm water and mild soap is best. Protect with liquid wax.

(c) Hardwood

To remove water stains rub with liquid wax or turpentine and liquid wax. To remove ink spots, etc., use oxalic acid solution, 1 oz. to 1 pint water. Leave on two hours, wash off and refinish. Clean with benzine or turpentine. Gasoline is too dangerous.

Oakite is used extensively.

2. PAINTED WALLS, WOODWORK, FURNITURE.

(a) 9 oz. T.S.P. to 2 gal. water. If stronger solution is used it removes gloss.

(b) Or wash with warm water softened with ammonia and pure soap. Rinse and dry. Rub stubborn spots with Bon Ami. Do not use too much water or there will be streaks. Soap has a tendency to yellow white paint.

(c) "Trime" paste used in cleaning operating room walls and woodwork found very satisfactory. Use little water.

(d) Linseed oil soap for floors and woodwork.

3. WINDOWS.

(Continued on next page)

Section Reports of the Ontario Dietetic Association

(Continued from preceding page)

(a) Warm water and kerosene, or washing soda, or alcohol and chamois.

(b) Bon Ami.

4. RUGS.

(a) Blue powder used for grease spots. Sprinkle it in, then wash it off.

(b) Vaporite used with good results. Use soft scrub brush, then dry well with dry cloths. Leave several days to dry thoroughly.

5. SILVER.

(a) Place silver on aluminum sheets. Cover with strong solution of T.S.P. Keep at boiling temperature for 5 minutes. Aluminum sheets must be absolutely clean or method is not satisfactory. Wash in soap solution, rinse and dry. Knives should be washed separately from other cutlery. Steel blades must be dried or they will streak.

(b) Silver Polishes:—Nonsuch: Goddard's Silver Polish, Silvo, Johnson's Shine-up.

(c) Soak teapots overnight in soda solution to soften tannin. Remove stain with Bon Ami and polish.

6. CHINA.

(a) Solution of T.S.P. used in dishwashing machines superior to and less expensive than commercial dishwashing powders. Proportion $1\frac{1}{2}$ oz. T.S.P. per 1 gal. water.

(b) There is a danger of having the wash water in dish-washer too hot. 120-130 degrees gives the best results. 160 degrees cooks the grease on the dishes. But the rinsewater should be boiling; It can't be too hot.

(c) No dishwashing machine is perfect. Occasionally a greasy plate is found after washing. These and all tobacco ash plates should be soaked overnight in a strong solution of T.S.P. This soaking also cleans under side of plate.

(d) Cups having tea and coffee stains may be soaked overnight in a sol. of H.T.H. 15 manufactured by Mafoss. 4 tsp. to 1 gal. water. Cost 40c per lb. One solution lasts six days. This is very good.

(e) Pittsburg Briquettes and China Dip effective but expensive. Not recommended.

7. GLASS.

(a) Wash in hot soapy water. Rinse in clear hot water, polish.

(b) Metso, a metasylicate used by bottling firms. A film forms to prevent streaks or watermarks. Polishing not necessary.

(c) Vinegar bottles—Remove stain by soaking in washing soda solution.

8. ALUMINUM.

(a) Injured by alkalies. Do not use an alkaline soap, T.S.P. or other alkaline cleaning powders.

(b) Hot vinegar will remove stains.

(c) Clean with soap and water and fine steel wool or Sapolio.

(d) Avition Cleaner (man. by Oakite) is being tried on aluminum trays.

9. BRASS AND COPPER.

(a) Brasso.

(b) Rottenstone and Linseed oil.

(c) Oleic acid not injurious. But wash acid off or metal will tarnish quickly.

10. PEWTER.

(a) Scour with rottenstone and linseed oil. Wash and dry.

11. NICKEL.

Do not use abrasives unless absolutely necessary. Wash with soap suds, rinse and dry. If very stained use Bon Ami.

12. ZINC AND GALVANIZED IRON.

Injured by both acids and alkalies. Use abrasive and water.

13. TIN.

Use abrasive and water. Do not scour off tarnish, as it absorbs heat and so improves the cooking utensils. As it warps easily, do not put on the stove to dry.

14. BATH TUBS.

Wash with brush and Bon Ami, or Kerosene. Rinse well.

15. COCKROACHES.

Sodium Fluoride; Pyrethrum Powder; Sopho Powder; Cidol.

Accept the fact that these you have always with you and wage unceasing war.

16. LAUNDRY.

It is not always economy to choose the cheapest laundry. Cheaper laundries use too much bleaching agent and do not rinse sufficiently.

SODIUM METAPHOSPHATE

An Asset in Dishwashing

Available water supplies usually contain appreciable quantities of calcium and magnesium salts, which have the properties of forming insoluble and adherent precipitates of calcium and magnesium compounds from the alkaline salts, added as detergents and the soaps resulting from the inter-action of an alkaline detergent with fatty soil. These precipitates are generally of a curdy nature and adhere to the dishes, glasses, dishwashing machine and everything with which they come in contact.

"Sodium Metaphosphate in Mechanical Dishwashing" as reported in "Industrial and Engineering Chemistry," September, 1934, is an investigation carried out by Chas. Schwartz and Bernard H. Gilmore of the Mellon Institute of Industrial Research, Pittsburg, Pa. This gives us the results of the experimentation with sodium metaphosphate used in the washing of glassware, aluminum and china. This investigation was undertaken to determine how the performance of established commercial detergents could be improved and, if possible, to develop a composition which would have none of the shortcomings of present compounds. The following is a summary of the results obtained.

Conclusion re Glassware.

Addition of sodium metaphosphate to any ordinary detergent, which possesses minimal soap-suspending and soap forming values necessary for soil removal, will prevent completely the formation of insoluble adherent films of calcium and magnesium precipitates which lead to unsatisfactory results in dishwashing.

Conclusion re Aluminum ware.

The presence of sodium metaphosphate in a dishwashing compound produces superior results and sodium meta-

silicate, to the extent of at least 30%, is necessary to inhibit corrosion of aluminum.

Conclusion re Chinaware.

Since completely softened water is so frequently available in establishments where the greatest volume of dishwashing is done, the only remedy for the condition is an agent which, in itself, can effect complete sequestration of calcium and magnesium. The commercial development of sodium metaphosphate, which, by its great avidity for the ions of calcium and magnesium is able to prevent formation of films of alkaline earth salts and which may be used with any detergent represents a distinct advantage in detergent technic.

Conclusions of the Experiment.

The effect of the admixture of sodium metaphosphate with detergent compounds has been investigated and compared with the behaviour of several commercial dishwashing preparations. Such mixtures containing sodium hexametaphosphate were, in every case, found superior to the products now available.

By reason of its excellent detergent properties, its non-corrosive action on aluminum, and its complete prevention of films, the following compound was judged the best of all studied (in per cent) Sodium Metaphosphate 48; Trisodium Phosphate 18; Sodium Metasilicate 28; Sodium Hydrozide 6.

CLEANING MATERIALS

General Recommendations to be considered in the Purchasing of Cleaning Materials

I. As problems frequently arise in this field of cleansing, one would obviously look for assistance to a reliable company which maintains and operates a manufacturing plant producing soaps and cleansers and backed with research and personal assistance.

II. As a buyer, you may be solicited by many agents. Hear what they claim for their product. They may have nothing better to offer than you are already using, but on the other hand, they may be able to sell you in a more compact form what you are now buying in bulk, or they may offer you something in bulk at a lower price. You will rarely learn the market fluctuations by giving one firm a monopoly of your supplies.

III. To the intelligent buyer the chemical analysis of a cleansing material means a great deal. Some firms to-day present, at first meeting, their analysis. Others are reluctant to produce same. An analysis should be more convincing than a long sales talk on the part of the salesman.

IV. Do not carry a number of cleansers co-related. It will cost dollars, and space. For a modern kitchen one solvent powder, one abrasive powder and specialties, such as metal cleaners and silver soap should suffice. For kitchens without mechanical installation and with wooden floors and trim one solvent, one water softener, chip or bar soap and an abrasive cleanser for floor scrubbing should suffice.

V. Economy of use of cleaning supplies is an important factor. The more of a material an employee has on hand to use, the more he will use. In other words, cleaning supplies should be issued in regular size containers, in order to control the correct cost.

In purchasing abrasive cleaners in cans, ascertain the

number of cans per case. Some manufacturers pack them 48 to the case, others 50 to the case. Also, ascertain the net weight per tin. There may be a difference in cost.

For economy, bar soaps should be purchased in quantities and allowed to dry and harden by standing on shelves before using. This avoids waste. On account of the high moisture content of bar soap, it is preferable to use a powdered soap chip because of their low moisture content.

HELEN BUIK, *Chairman.*

Report of Social Service Section

The Social Service Committee of the Ontario Dietetic Association has concerned itself with the Relief Budget published in December, 1933, by the Ontario Medical Association. Much time and work having been spent in the preparation of this material, it seemed advisable to make it known and used.

How to attack such a problem has not been clear. The first step was to secure extra copies of the material. Through the kindness of Dr. Phair, the Provincial Department of Public Health was able to supply about a hundred extra copies.

Letters were sent to several organizations, such as Federation of Home and School Clubs, stressing the importance of nutrition and relation of adequate relief allowance to future health of the community. The value of the report was mentioned and a suggestion that it might be made use of in their education programme.

To send the bulletin without someone competent to explain it, is not of much value. Had there been a wave of enthusiasm for this, however, the situation would have been rather difficult.

The outstanding occurrence is the recognition of the budget by the Department of Welfare. At a meeting with the Minister of Public Welfare and his committee, the consideration of age groups in food relief was approved. Acceptance of the report as it stands was not found practical because of the increase in cost, and though the Nutrition Committee would loathe to drop the minimum standards set, if the Government cannot meet them, then we hope a practical solution can be arranged which will be an improvement on the present allowance, and which will be a basis for later progress toward adequate standards.

The credit for this recognition should be given to Miss McCready, whose ceaseless efforts and knowledge of conditions throughout the Province, have been the means of arousing interest in nutrition, and especially as it concerns food relief.

At the moment it seems urgent that some group such as this committee of the Ontario Dietetic Association should give a good deal of their attention to arousing interest in the question of allowances for food given over the Province, and to finding a solution of the present difficulty. If some activity is not developed, the whole effort will be lost. This recognition of the standards of the Nutrition Committee is an important and encouraging step toward scientific guidance in the administration of relief giving, and should, if possible, be pushed ahead, rather than allowed to slip back.

MURIEL REDMOND, *Chairman.*

Treasurer's Report—1934-35

In submitting the attached statement may I draw your attention to the apparent decrease in membership. Last year there were one hundred and seven (107) paid members, as compared with seventy-four (74) this year. The difference is really not as great as it seems as eighteen (18) members paid their annual fees at the convention last year and no doubt several will have done the same to-day.

If any non-paid members have paid a registration fee this morning it will automatically be credited as the 1934-35 fee.

This year, twenty-nine (29) of our members are paid up members of the American Dietetic Association and last year we had a paid membership of fifty (50) in the American Association. There are five (5) life members.

May I urge you to pay next year's fees to-day? This is not obligatory but is a great convenience to you and a distinct advantage to the executive to know the number of paid-up members for the ensuing year, and also assures you of receiving all notices and being actively identified with the Association.

When sending cheques, please note that fifteen cents (\$.15) premium must be added for cashing cheques made out in one place and payable in another, and, of course, three (\$.03) cents for the excise stamp if one is not put on the cheque.

The rental of booth space for the exhibits you have visited this morning will, we hope, defray all convention expenses and perhaps leave a surplus which will be divided between the Quebec and Ontario Dietetic Associations.

The figures as above are not final as the members' fees and registration fees received to-day will be added, as will half the profits from the advertising appearing in the "Canadian Hospital" which Miss Kathleen Burns is editing for the month of May.

All of which is respectfully submitted and I move that this report be adopted.

RECEIPTS				
Balance from 1933-34	-	-	-	\$100.81
Members' Fees O.D.A. 1933-34	-	-	-	73.85
Members' Fees A.D.A. 1933-34	-	-	-	47.50
Allowance from A.D.A. for members				10.00
Bank Interest	-	-	-	.82
				<u>\$232.98</u>
DISBURSEMENTS				
Stationery	-	-	-	\$ 16.83
Stamps	-	-	-	13.45
Printing	-	-	-	11.88
Fees to American Dietetic Ass'n.	-	-	-	48.25
Petty Cash Fund for Convention Purposes	-	-	-	25.00
Balance—to date	-	-	-	<u>117.57</u>
				<u>\$232.98</u>

EVELYN M. CREED,
Treasurer.

Report of Educational Section

Madame Chairman, Members and Guests of the Ontario Dietetic Association:

I am pleased to submit to you the following report of

the work carried on by the Educational Section of the Ontario Dietetic Association during the past year.

The original project, as noted in the letter sent to the members of the Association on June 18th by our secretary, has been changed to "A Study of a more Comprehensive Method of Rating Student Dietitians."

The Committee, which has held five meetings and three sub-committee meetings, has consisted of Miss Gwendolyn Taylor, Dietitian, Loblaw Groceries Company, Limited; Miss K. Burns, Dietitian, Hospital for Sick Children, Toronto; Miss Edith Wark, Chief Dietitian, Toronto Western Hospital and Miss Phyllis West, Dietitian, Toronto East General Hospital. Criticisms and suggestions have been received from Mrs. S. Flavelle Taillon, Chief Dietitian, Ottawa General Hospital; Miss Grace Sharpe, Chief Dietitian, Ottawa Civic Hospital and Miss Margaret Ketchen, Dietitian, Toronto General Hospital.

Time does not allow for me to deal with the various forms now in use, but I do wish, however, to explain briefly our reasons for adopting the particular outline which you have before you.

Our incentive was a series of lectures given by Professor Thornton Mustard of the Provincial Normal School, Toronto, to the Nursing and Dietetic staff of the Toronto General Hospital. The basis of our outline has been the form drawn up for the rating of Student Nurses in the Toronto General Hospital, by a committee appointed by the Nurses and Dietitians. The following points were also drafted by the above committee for their own guidance in deciding upon the type of report which they felt would be most satisfactory.

A standard rating-system is necessary for the following reasons:—

1. Pressure of time compels vague judgments.
2. Judgments are more definite if recorded.
3. Many judgments are notoriously unfair, i.e.—one striking trait will bias ones judgment, just as one spectacular success will influence it. Personal likes and dislikes often colour ones opinion.

A graphic rating scale such as we have drawn up should eliminate these discrepancies, as it lists the traits along the margin of the sheet and has each trait clearly defined. The points apropos to the student being marked are merely checked.

The values of such a system may be briefly outlined as follows:—

1. It stimulates the person rated.
2. It improves the efficiency of the rater.
3. It provides a basis for promotion.
4. It keeps clear desirable objectives.
5. It emphasizes the importance of analytical judgment.
6. It creates an atmosphere of justice to all.

To receive full benefit from this system it is well to see that the Students are acquainted with the plan. Each Student should be rated immediately she has left a department and, finally, the report should be discussed with the Student immediately it is received in order to commend her successes and point out her weaknesses.

Bibliography:

The New Examiner—Philip Boswood Ballard.

The Objective or New-Type Examination—G. M. Ruch.

A TENTATIVE PLAN FOR RATING STUDENT DIETITIANS

Name of Student..... Department from to

ABILITY TO ORGANIZE	Frequently in state of confusion.	Completes own task but with little supervision of others.	Capable of average organization and supervision of normal routine.	Inspires accurate and prompt completion of tasks. Foresight.	Excellent organization with ability to meet emergencies.
EFFICIENCY	Needs constant supervision.	Displays considerable laxity in detail and promptness.	Average attention to detail and promptness.	Completes tasks properly and promptly and with neatness.	Dependable and thorough. Accepts responsibility.
FOOD PREPARATION	Insufficient knowledge of procedure.	Some knowledge. Lacks system.	Works slowly but shows definite knowledge of procedure.	Good finished product with average expedition.	Excellent product, well flavored and artistic. Completed with expedition and neatness.
FOOD SENSE	Vague ideas of food and service.	Some knowledge of food and service.	Average application of ideas. Lacks originality.	Food selection and service good.	Excellent conception of flavor, appearance and selection.
SCIENTIFIC KNOWLEDGE	Ideas indefinite, no desire for further knowledge.	Unable to correlate theory with practice.	Fair amount of knowledge with average application.	Keen desire for information and its practical uses.	Full and complete correlation of theory and practice.
TEACHING	Unable to impart knowledge to others.	Some ability to teach.	Average ability to teach.	Good teacher but unable to inspire others.	Excellent teacher. Inspiring to others.
FINANCIAL SENSE	Careless with equipment. Wasteful with supplies.	Little appreciation of values.	Average economy with consideration of equipment and supplies.	Economical with good understanding of financial principles.	Keen appreciation and utilization of financial principles.
INTEREST	Disinterested, bored, indifferent.	Interest not general, displayed only in special features of work.	Average interest.	Intelligent interest in activities of whole department.	Enthusiastic. Inspiring to co-workers and employees.
ATTITUDE TO PROFESSIONAL AUTHORITY	Resents authority.	Accepts criticism, but shows little improvement.	Complaint.	Responds to suggestions, respects authority.	Exemplary conduct that elevates the profession.
EMOTIONAL CONTROL	Too emotional or too apathetic.	Easily excited.	Normal control of emotion.	Well poised.	Excellent self-control. Courteous.
HEALTH	Looks and acts fatigued, listless.	Lacks endurance, tires easily.	Usually appears in average health.	Normal health and strength.	Always physically fit and alert.
APPEARANCE	Pays little attention to personal appearance.	Frequently untidy.	Usually neat.	Well groomed.	Immaculate in appearance.

Signature of Rater

The Science of Marking—Terry Thomas, M.A., Ph.D., B.Sc., LL.B.

Diagnosing Personality and Conduct—Percival M. Symonds.

Modern Method in Written Examination—Albert R. Lang, Ph.D.

All of which is respectfully submitted.

WINIFRED J. MOYLE,
Chairman.

Much Thought Given to Nutrition in British Isles

Generally speaking nutrition is not being carried on in the Public Health programme in England or Scotland at the present time, but strenuous steps are being taken to introduce the subject to the general public and to the medical profession. The British Broadcasting Company has a weekly hour for this purpose and outstanding speakers of the medical profession, and professors of physiology and bio-chemistry, etc., then give the latest

developments in the field of nutrition; also practical housewives from all over Britain give their experience in home management and cooking processes.

The Scottish Women's Rural Institutes also have a weekly broadcasting hour called "Food For Health." Last autumn the Public Health Nurses' Report stated to the Scottish Medical Survey Committee (who are making a survey of all medical service in Scotland) that if efficient Public Health work is to be carried on, the one fundamental aspect of health that must be immediately introduced is "Nutrition in the Home."

Nutrition Clinics have been opened in London during the current year, and various organizations are now asking for the services of a nutritionist. It is noticeable too that more and more space is being devoted to all aspects of nutrition in many of the British Medical Publications.

NOTE:—The editors wish to state that due to lack of space, it was not possible to publish in this issue, more than one of the excellent papers read at the meeting of Dietitians in Ottawa. Other papers will be published in following issues of The Canadian Hospital.

THE Canadian Hospital

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No. 5

Stretching the Hospital Dollar in the Dietary Department

In trying to solve the always present problem of keeping costs down, the dietary department comes in for its share of dollar stretching. It has been estimated that from 15 to 30 per cent of the total hospital operative costs should be assigned to the dietary budget.

In the mental hospitals of Canada, with a total expenditure for maintenance of ten and a quarter millions, the cost of food is approximately two millions. This figure would be much higher still were it not for the fact that most hospitals of this type raise much of their own food, utilizing the labour of patients.

In Ontario, according to the last available annual report of the public and private hospitals, the food and dietary costs were \$2,191,000 out of a total cost of \$12,412,000, or approximately 18 per cent. In addition to this, one should add salaries and other factors which would bring the percentage cost of the dietary department to a much higher figure.

According to the annual report of several large American hospitals, their food service represents approximately one-fourth of the entire cost of operating the institution. One large hospital illustrates the importance of the food service department from the standpoint of total hospital expense by using a circular chart, showing the division of a hospital dollar into the following parts:—

Dietary25c
Laundry05
Housekeeping09
Purchase and Issuance01
Administration06
Heat, Light, Power and Refrigeration.....	.08
Maintenance and Repair07
Professional Care of Patients39

Since food is the biggest item in the hospital budget, the saving of one per cent per meal may mean the saving of thousands of dollars at the end of the year. By making every effort to eliminate waste and watching what food actually finds its way into the garbage cans it is possible to effect worthwhile economies.

The dietary department should be properly equipped with labour-saving devices and any equipment that will do the "job" better and more economically than it has been done. Careful attention should be given to all equipment to keep it in the best operating condition to reduce the ultimate repair bills resulting from neglect.

"Breakages" run into staggering figures in some institutions; a large hotel in Detroit spent over \$35,000 in one year replacing china and glassware broken by careless employees. Some restaurants allow one cent for breakages, for each person served, but few hospitals can afford to take this loss due to carelessness and thoughtlessness on the part of employees. Some hospitals, in order to meet this condition use the "bonus and forfeit system" to solve their problem. Crockery is charged at cost, and a deduction made for dents in silver coffee or tea pots. Employees who break or dent nothing receive \$1.25 extra for the month. Breakages have dropped so low in one hospital that the dishes are "wearing" out, but the greatest benefit derived from this experiment is the better care which the employees give to all hospital property.



Pleasing the Palate of the Critical Patient

SINCE patients eat very largely with their "eyes," daintiness of service and contrasting colours mean much to the jaundiced eye and the jaded palate. Hospital dietitians, no less than their restaurant sisters, should strive constantly to develop new and tempting dishes and combinations. Many people like to talk about food and will remember much more about how it looks than how it tastes. Use plain foods, simply prepared, well cooked and attractively served. Avoid repeating menus on the same day of each week for patients soon learn to identify Monday by "hash" and Friday by "fish."

It is an easy matter to make each holiday an event with a little ingenuity on the part of your dietary staff. A place card with the patient's name or a small gaily colored paper cup for dainties introduces an element of surprise into the patient's tray. A tiny sprig of parsley or cress on the square of butter gives a pleasing touch to the tray. Christmas and Easter may be marked with a little more elaborate preparation.

Dietetics in hospitals have improved tremendously from the old days when economy was the main factor to be considered and food was of the simplest and cheapest variety—or rather lack of variety. Nowadays it is realized that hospitals may assist the recovery of patients a great deal by providing diets most suitable to the patients' metabolic requirements, and perhaps the greatest change in the menu of hospital patients, as in that of citizens in general, has been the introduction of salads and other

vegetable preparations into the diet. Naturally this has been stimulated by the newer knowledge of the vitamines but the necessity of serving salads cold, not to mention that favourite dish which has now swept the world—ice cream—makes it most essential to have that means of food transportation which will keep part of the meal piping hot and the other part icy cold. That food transportation has been effected which will obtain the desired result has been of great satisfaction to the hospital workers and their patients, and speaks for the ingenuity of our manufacturers.



Food Service Must Be Designed to Meet Individual Requirements

FOOD distribution problems vary widely in different hospitals, and in these times when economy is the watchword of the day, it is up to the individual institution to work out its own solution. In some hospitals apparently old antiquated systems are still preferred. For instance, at the 3,600-bed mental hospital at Steinhof, near Vienna, where the buildings are quite widely separated, food distribution is by means of a narrow gauge railway upon which food boxes are carried. The indirect plan of food service which is more adaptable to certain types of buildings, has been much improved by the better equipment which is now available to keep food hot during transportation. The direct food service is operated in various ways, the most highly mechanized of which is the sub-veyor system.

According to the Report on the Dietary Department prepared by the Canadian Hospital Council* each type of service has certain advantages and may be indicated depending upon the type of building. The "direct" service has certain advantages for a smaller staff is required, less equipment needed and the dietitian has complete supervision of food and service from the time of purchase to final disposition. She also has a better opportunity to check waste from food returned on trays because of too large servings or serving of unpopular dishes. The direct food service is best suited to a small compact hospital or a large hospital of compact and vertical type of construction.

large hospital or compact and varied type of construction.

For the rambling type of building or pavilion type of construction the "indirect" service is the most satisfactory for the food is sent in bulk to the ward pantries and can be served hot to the patients. This last point is one of main consideration to the patient. This system however has many disadvantages for it may entail the re-heating of food, more odours in the wards and noise and confusion for the patients.

*Report of the Committee on Construction and Equipment, Canadian Hospital Council (Bulletin No. 3, price, 50c.).

Limitation of Hours of Work Act

Recently the Dominion Parliament passed legislation limiting the hours of work for employees in a number of industries. We have been informed by the Canadian Hospital Council that they have received information from the Department of Labour at Ottawa that this limitation of hours of labour will not affect hospitals.

For the Food Finicky Patient

The sickly and undernourished are often finicky about their food, particularly children, during the winter "shut-in" period. They need something to tempt the appetite, something that will be easily digested and also highly nutritious.

Ovaltine helps you to answer this problem very effectively. Children and adults delight in its enticing flavor, and Ovaltine actually adds important food elements to plain milk or, as a physician once aptly said, "It makes milk a square meal."

Ovaltine provides maximum nutritional value with minimum functional strain. It is an important source of the growth-promoting vitamins and also contains an adequate amount of the antirachitic Vitamin D, mobilizer of the calcium and phosphorus constituents of the product.

Ovaltine is invaluable for its building-up properties during convalescence, in wasting diseases, for the undernourished and therefore frequently nervous child, and wherever hyper-alimentation is desired.

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Tonic Food Beverage

The Halifax Infirmary is an All Electric Hospital

By D. E. BANKART

THE hospital of to-day is a very large user of electricity. A glance at one of Canada's latest additions to the institutional field, the Infirmary at Halifax, Nova Scotia, makes one wonder just how the staffs of the Nineteenth Century hospitals carried out their humane work at all, much more how they were able to achieve the wonderful accomplishments which are recorded to their credit in spite of the comparatively limited facilities.

To-day we have come to expect advanced methods to be in use in our hospitals, but after an inspection of this Halifax institution, even the most severe critic would have naught but high praise for obviously advanced thought and careful planning which had been expended upon this ultra modern hospital.

The building itself is of the latest design and is equipped with every mechanical device for the saving of effort and time for the staff, and to impart the greatest amount of comfort and healing qualities to internal surroundings for the benefit of the patients.

Electrically, the Halifax Infirmary is one of the most complete institutions of its kind in the Dominion. In support of this statement the writer will enumerate some of the salient features, including illumination of corridors, private rooms and several operating rooms—each with specially designed sources of light. Special outlets for power, telephones and radio, X-Ray, Sun-Ray, Clocks, Signal, Fire Alarm and Annunciator Systems, etc.

The lighting in the main operating room consists of a Holophane lens system set flush in the ceiling and equipped with 21-150 Watt lamps. These lamps are wired on various circuits so that light can be obtained dominantly

from the side or from either end. The installation produces high intensity of light on the table and also good general illumination without harsh shadows in the rest of the room.

In the delivery room there are 5-Holophane Lens boxes set flush with the ceiling and each fitted with a 150 Watt lamp. These units are arranged specifically for the special work done in these rooms and while there is a high intensity of light on the bed there is also ample general light around the room.

The fracture room also utilizes Holophane Lens boxes set flush with the ceiling but arranged differently from those in the delivery room. In practice, of course, the fracture table is pulled forward or moved to one side to bring the area being operated on into the field of brightest illumination.

There is much which might be said about the typical bedrooms; space, however, allows no more than that they are as complete as possible and everything has been done to ensure the comfort of the patients. Over the basin at the left hand side which is not shown in the picture there is a bracket light as well as the one on the wall at the head of the bed. Also not shown in the picture is a night light in the wall under the bed. This unit is controlled by a separate switch at the door and provides a soft glow around the room sufficient for the nurse to see from the door whether or not the patient is sleeping or needs attention. The plate for the Bryant Nurse Calling System is seen just above the head of the bed. The pull switch system was installed and has given excellent satisfaction. Under the one plate there is the switch for calling the

(Continued on page 25)



At left—main operating room, showing shadowless lights set in ceiling.

Centre—one of the corridors with shadowless illumination, also clock and nurses' desk.

At right—the fracture room, note special light sources in ceiling.

SPECIAL SUTURES

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with needles integrally affixed

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K ALMERID plain or chromic catgut, celluloid linen or silk with Atraumatic needles in the several types indicated integrally affixed. Suture lengths: 36 inches for products 1342, 1352, 1372 and 1542; all others 28 inches.

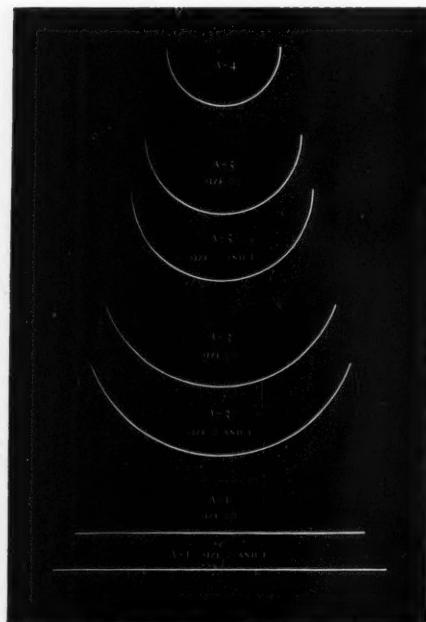
THERMO-FLEX (*non-boilable*)

Plain Catgut:

NO.	NEEDLE	DOZEN
1501..Straight Needle.....	A-1.....	\$3.60
1503.. $\frac{3}{8}$ -Circle Needle.....	A-3.....	4.20
1504..Small $\frac{1}{2}$ -Circle Needle*..	A-4.....	4.20
1505.. $\frac{1}{2}$ -Circle Needle.....	A-5.....	4.20

20-Day Chromic:

1541..Straight Needle.....	A-1.....	\$3.60
1542..Two Straight Needles.....	A-1.....	4.20
1543.. $\frac{3}{8}$ -Circle Needle.....	A-3.....	4.20
1544..Small $\frac{1}{2}$ -Circle Needle*..	A-4.....	4.20
1545.. $\frac{1}{2}$ -Circle Needle.....	A-5.....	4.20



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Intestinal Sutures

BOILABLE

Plain Catgut:

NO.	NEEDLE	DOZEN
1301..Straight Needle.....	A-1.....	\$3.60
1303.. $\frac{3}{8}$ -Circle Needle.....	A-3.....	4.20
1304..Small $\frac{1}{2}$ -Circle Needle*..	A-4.....	4.20
1305.. $\frac{1}{2}$ -Circle Needle.....	A-5.....	4.20

20-Day Chromic:

1341..Straight Needle.....	A-1.....	\$3.60
1342..Two Straight Needles.....	A-1.....	4.20
1343.. $\frac{3}{8}$ -Circle Needle.....	A-3.....	4.20
1344..Small $\frac{1}{2}$ -Circle Needle*..	A-4.....	4.20
1345.. $\frac{1}{2}$ -Circle Needle.....	A-5.....	4.20

Celluloid Linen:

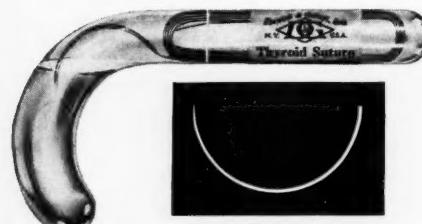
1351..Straight Needle*.....	A-1.....	\$3.60
1352..Two Straight Needles*....	A-1.....	4.20
1354..Small $\frac{1}{2}$ -Circle Needle*....	A-4.....	4.20

Black Silk:

1371..Straight Needle*	A-1.....	\$3.60
1372..Two Straight Needles*....	A-1.....	4.20
1374..Small $\frac{1}{2}$ -Circle Needle*....	A-4.....	4.20

* Sizes: 00...0..1, except * 00..0 only

In packages of 12 tubes of a kind and size



Thyroid Sutures

K ALMERID plain catgut with half-circle taper point Atraumatic needle integrally affixed. Suture length 28 inches.

NO.	SIZE
1635..Thermo-flex (<i>non-boilable</i>).....	0
1625..Boilable	0

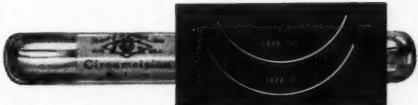
Package of 12 tubes of a kind.....\$4.20



Tonsil Sutures

KALMERID plain catgut with sturdy half-circle, taper point Atraumatic needle integrally affixed. Suture length 28 inches.

NO.	MATERIAL	SIZE	NEEDLE
1615..	Thermo-flex (<i>non-boilable</i>)	0	
1605..	Boilable	0	
Package of 12 tubes		\$4.20	

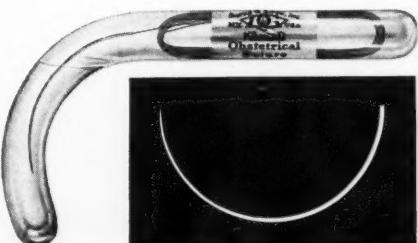


Circumcision Sutures

KALMERID plain catgut, three-eighths circle, cutting needle of either eyed or Atraumatic type. Suture length 28 inches.

NO.	THERMO-FLEX (<i>non-boilable</i>)	SIZES
630..	With Eyed Needle	00, 0
635..	With Atraumatic Needle	00, 0

BOILABLE		
600..	With Eyed Needle	00, 0
605..	With Atraumatic Needle	00, 0
Package of 4 tubes	\$1.20; per doz.	\$3.60



Obstetrical Sutures

KALMERID 40-day catgut with half-circle, cutting needle of either eyed or Atraumatic type. Suture length 28 inches.

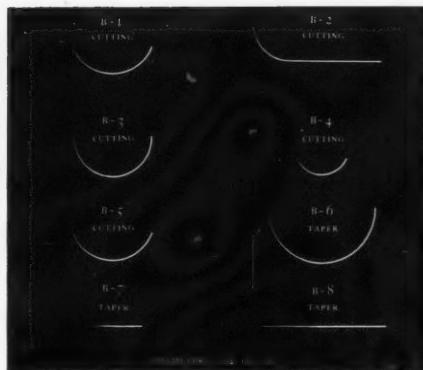
NO.	THERMO-FLEX (<i>non-boilable</i>)	SIZES
680..	With Eyed Needle	2, 3
685..	With Atraumatic Needle	2, 3

BOILABLE		
650..	With Eyed Needle	2, 3
655..	With Atraumatic Needle	2, 3
Package of 3 tubes	\$1.20; per doz.	\$4.20

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Printed in U. S. A.



Plastic Sutures

NO.	MATERIAL	SIZE	NEEDLE
1651..	Kal-dermic	6-0.....	3/8-Circle, B-1
1653..	Black Silkworm	4-0.....	3/8-Circle, B-1
1655..	Kal-dermic	4-0.....	1/2-Curved, B-2
1658..	Black Silk	4-0.....	1/2-Curved, B-2

Eye Sutures

1661..	Black Silk	6-0.....	1/2-Circle, B-3
1665..	Black Silk	4-0.....	3/8-Circle, B-1
1667..	Plain Catgut	3-0.....	3/8-Circle, B-4
1669..	10-Day Catgut	3-0.....	3/8-Circle, B-5
1669D..	10-Day Catgut†	4-0.....	3/8-Circle, B-5
1669D..	10-Day Catgut†	3-0.....	3/8-Circle, B-5

DOUBLE ARMED

1666..	Plain Catgut*	3-0.....	3/8-Circle, B-4
1668..	10-Day Catgut*	3-0.....	3/8-Circle, B-5
1668D..	10-Day Catgut†	4-0.....	3/8-Circle, B-5
1668D..	10-Day Catgut†	3-0.....	3/8-Circle, B-5

Nerve and Artery Sutures

1670..	Black Silk	6-0.....	Straight, B-7
1675..	Black Silk	6-0.....	Straight, B-8
1678..	Black Silk	6-0.....	1/2-Circle†, B-3

† Taper point

Ureteral and Renal Sutures

1690..	20-Day Catgut	4-0.....	1/2-Circle, B-3
1695..	Plain Catgut	4-0.....	1/2-Circle, B-6
1698..	20-Day Catgut	4-0.....	1/2-Circle, B-6

Package of 12 tubes of a kind. . . . \$4.20
Suture length 18 inches except *12 inches †9 inches. Boilable

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INFORMATION and prices sent upon request covering Kalmerid catgut, Kal-dermic skin and tension sutures, unabsorbable sutures, ribbon gut, kangaroo tendons, kangaroo bands, minor sutures, emergency sutures, umbilical tape, and Kalmerid germicidal tablets, potassium-mercuric-iodide.



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D & G Kal-dermic is being widely adopted because it embodies the desirable features of *all* the materials traditionally associated with skin closure without their disadvantages.

It is non-capillary and, unlike silk, cannot act as a wick to draw infection inward.

It has the impermeable quality of horse-hair, yet is much stronger.

Unlike silkworm gut it will not crack or split, is uniform throughout the strand, and adequate in length for all situations.

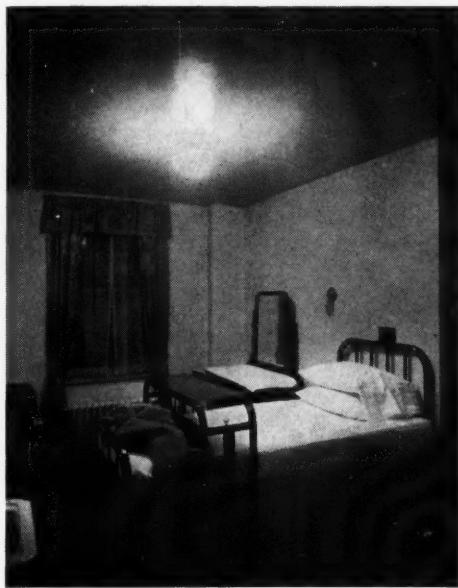
Its pliability, resistance to the action of tissue fluids, and freedom from irritative properties, make D & G Kal-dermic a decided improvement over other synthetic materials, and yet, in glass tubes, heat sterilized after closure, it costs no more than sutures in envelopes.

Prepared in sizes 8-0 (ooooooo) to 0 for skin suturing and 1 to 3 for tension work in several lengths and needle combinations. Literature sent upon request.

DAVIS & GECK, INC., 217 DUFFIELD STREET, BROOKLYN, NEW YORK

**The Halifax Infirmary is an All
Electric Hospital**
(Continued from page 20)

nurse, the bull's eye showing that the call has registered and a flush receptacle to which may be attached a heating pad or other portable electrical device. Back of the little table beside the bed there are radio and telephone service outlets. Public telephone service can be provided to the hospital switchboard from each room, and jacks have been



*One of the private rooms described
in the text*

provided for connecting radio loudspeakers or headsets when the radio installation is put in. The centre fixture is a bronze finished ceiling holder with a piece of Hyperion glass, the brackets are finished in bronze also.

Corridor lighting is accomplished by means of two-lamp opal glass units with bronze bands. Each unit being equipped with a large and a small lamp on separate switches. For general illumination both lamps are used but during the night the large lamps are turned off, leaving the small ones to provide a low level of illumination when there is little traffic in the corridors. Electric clocks are provided in all corridors and you will note the Bryant Bullseye Annunciator on the wall opposite the nurse's station.

In addition to the regular telephone service which is connected with the switchboard there is a Northern Electric Interphone System for communication between the main kitchen and the diet kitchens on each floor, the superintendent's office, and several other locations. There is also a fire alarm system with break glass boxes located throughout the building and an annunciation on the ground floor registering where the call originates and the entire system is connected to a Gamewell Auxiliarized Box with the City Fire Alarm Department.

This entire system was planned and specified by E. W. Jeffrey of the Northern Electric Company, Limited, in Halifax, and the material was supplied by the Company's service branch in that city.

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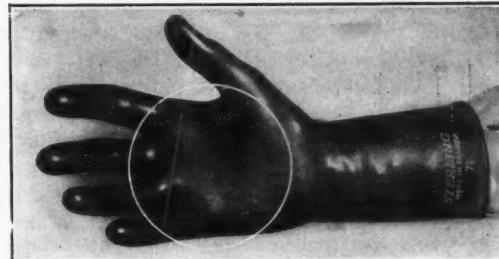
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Functions of Fats in Nutrition

By E. W. McHENRY, M.A., Ph.D.
School of Hygiene, University of Toronto

THROUGHOUT the consideration of this subject I shall ask you to keep in mind that it is approached from the viewpoint of preventive medicine. We shall not be concerned with dietary treatment of disease. Instead, we shall be interested in one aspect of designing dietaries for normal individuals to promote health. This consideration of nutrition is not the one which is frequently encountered, since the emphasis is often laid upon the treatment of disease. Treatment is important, but happily a large percentage of our people are not ill, and the maintenance of health should receive ample attention.

Emphasis upon nutritional requirements of normal individuals is made particularly desirable because an alarmingly great number are at present dependent upon the State for food supply. It is a matter of general interest to ensure that these people are as well nourished as is possible. Unfortunately there is in many circles a regrettable lack of interest in nutrition. To cite an illustration: at the annual meeting of the Canadian Public Health Association to be held in June the Public Health Nursing Section is providing a symposium on a public health programme. In that symposium there is not one paper on nutrition, yet adequate nutrition is the foundation of health.

Lack of Interest Regarding Advances in Nutrition

It is gratifying that many public men are concerned with improvements in housing conditions, but there is a deplorable silence regarding advances in nutrition. McGonigle in a careful survey in an English municipality showed that a group of people given new and well-designed houses experienced an actual loss of health and increased mortality because they could not afford an adequate diet. If we seek to improve the health of the nation our first consideration must be improvement in dietaries. In addition to those on relief there are many people in this country who cannot afford to buy the best kind of foods. Dietary surveys have clearly shown that one class of food constituent is most strongly affected by economic conditions, and that is the fats.

Discussion of the amount and kinds of fat in the diet is "nutritionally unfashionable." In designing normal diets we are accustomed to give some thought to the amount and value of the proteins, to inorganic elements, particularly calcium, and a great deal of thought to the vitamins. Only infrequently is any attention given to the fats. We can trace the reason for this to the German physiologists, Voit and Rubner, who advocated in their dietary standards a small amount of fat and an excess of carbohydrate. You will find it frequently said that one need not specify any particular amount of fat since fat is replaceable by carbohydrate and it is sufficient to supply enough of the two to furnish needed calories. Evidence will be advanced to show that that idea is fallacious. The lack of interest in the fat content of the diet can easily

be illustrated by reference to a commonly used, standard text on nutrition, that by Professor Sherman. In the chapter on "Dietary Standards" there is no mention of the amount of fat which should be present in a diet, although considerable attention is given to proteins, inorganic elements and vitamins.

In the lifetimes of most of us we have seen two periods during which intensive consideration of nutrition was made necessary by circumstances. During the war food supply was a subject of vital concern, particularly in European countries. Then it was a matter of insufficient food and actual inability to secure foodstuffs. During the past few years nutrition has again become of vital interest, not as a result of a shortage of food, but because economic circumstances render it impossible for many to buy foods. A number of profitable lessons may be learned from the war, and I would like to remind you of some of the nutritional experiences.

Very shortly after the beginning of the war Germany became a blockaded country and imports of foods were reduced to an extremely low level. There was a sudden decrease in food supply to four-fifths of the desired quantity. Faced with this grave situation a committee of scientists considered the possibilities and in a lengthy report, generally known as the Eltzbacher report, tendered their advice to the government. That report gave detailed consideration to protein requirements but most unfortunately, as later events showed, adopted an entirely erroneous attitude with regard to fats. In the opinion of the committee fats and carbohydrates were interchangeable and no attention was given to augmenting, or husbanding, the available food fats. To make good the fat shortage an increased consumption of sugar was advised. A few short quotations from the report will be of interest:

"Since in the role of nutrition fat differs only from carbohydrate in a larger caloric value, we have only to replace the use of fat by more carbohydrate, and this can and must be done."

"A high consumption of fat is as unhealthy as it is uneconomical."

"The widespread but senseless luxury of eating bread between meals with a layer of fat should be given up. Bread alone is sufficient . . . with fat dishes, such as cheese or ham, buttered bread is entirely unnecessary."

Fat is an Essential Constituent of the Diet

In contrast to this report a quotation from the report of the committee on nutrition of the Royal Society of England is given:

"In the practical rationing of a nation, it is found that fat is an essential constituent of the diet, and the provision of a sufficient quantity must always be one of the most serious preoccupations of the authorities of a state who are making themselves responsible for the feeding of the population."

It is unnecessary to remind you as to what happened in Germany. In 1918 the amount of available fat was so low that the average per capita consumption per day was

under 20 grams. The English physiologist, Starling, claimed that this fat famine in Germany was responsible for the physical and moral collapse of the population, rendering further carrying on of the war impossible.

Instead, then, of regarding fat as an almost unessential constituent of the diet, we shall examine the reason why it is most essential.

1. Fat is highly assimilable and is almost entirely absorbed from the digestive tract, but it is digested and absorbed more slowly than carbohydrate. Whereas the greater part of the latter is absorbed three hours after food has been taken, the most intense absorption of fat occurs between five and six hours after a meal. On this account a meal lacking in fat is deficient in staying-power. When digestion of the last meal is finished, hunger recurs. Hunger is always experienced much earlier after meals low in fat than after those containing the usual amount of that constituent. It is worth while to remember this in planning relief diets; dietary regimens low in fat and high in carbohydrate will cause premature hunger and consequent discontent.

2. The inclusion of a fair amount of fat lessens the bulk of food required to secure needed energy. Weight for weight, fat has more than double the caloric value of starch and sugar. The difference in bulk is still greater, since fat is taken without admixture, while other food-stuffs are mixed with a considerable amount of water. Starch cannot be taken unless it is mixed with large volumes of saliva. Moreover, after cooking, starch swells from five to ten times as a result of taking up water. A common example will illustrate this question of bulk. A slice of white bread furnishes about 75 calories. Spreading on the bread an ordinary square of butter gives almost twice this amount of energy.

The question of bulk is probably one of the most important factors in determining the need for fat. The human alimentary canal (at any rate in our race) has been developed to handle a diet in which 20 to 25 per cent of the energy is provided as fat. In order to secure the same energy from carbohydrate the alimentary canal would have to be much larger. Hence the average individual deprived of fat diminishes his total intake of food and exists on a lower metabolic level. It may not be believed that a reduction in the amount of fat leads to a lessening in the total energy, but several instances may be furnished.

In Great Britain during the first half of 1918 there was a marked shortage of fats, yet statistics show that there was no appreciable increase in the consumption of cereals. It was easier to live on the stored-up fat of the body than to adopt a stuffing process with carbohydrates.

In an interesting study of two African tribes Orr found that one tribe, living largely on cereals, has a low caloric intake, and the general physical condition is poor. Another tribe, similarly located, uses much more fat, has an appreciably greater caloric intake, and the physique is considerably better. The men of the first tribe, the Kikuyu, have an average fat consumption of 9 per cent of the total calories, while the Masai men secure 48 per cent of the total calories from fat. It is impossible for the Kikuyu to secure a high energy diet from the cereals upon which they rely.

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It is highly advisable that this point be kept in mind in planning diets for poor people and for those on relief. It will not be possible to secure adequate nutrition with diets containing excess cereals. Oatmeal and other cereal products are cheap and authorities are often encouraged to reduce expenses by providing excess quantities of them. Such diets will not be conducive to the maintenance of health. In this connection we may recall a section of a review by Miss McCready of some relief problems in Ontario: "When actual food is supplied to those on relief usually only a minimum of fat is provided. In the nutrition classes with groups of mothers on relief, they very often speak of the need for more fat, or else how difficult it is to afford enough fat on the limited amount of the voucher."

3. Fats are less subject to fermentative changes in the intestinal tract than are carbohydrates. Overloading the intestines with carbohydrate in many individuals leads to abnormal fermentation, production of gases and general discomfort.

4. The power of the organism to store up reserves in the form of carbohydrate is strictly limited. The liver of an adult man cannot store more than 150 grams of glycogen and the extreme limit of storage in the body is about 300 grams. On the other hand there is no definite limit to the amount of fat which can be stored as a result of overfeeding. It has been calculated that an average 70 kilogram man has a fat storage equivalent to 117,000 calories.

(Continued on next page)

Functions of Fats in Nutrition

(Continued from preceding page)

5. We are thoroughly accustomed to the need for certain amino acids which should be supplied by the inclusion in the diet of an adequate amount of complete protein. Evans and Burr have shown that certain unsaturated fatty acids are likewise necessary. In their absence growth is retarded and skin disorders develop. The fatty acids particularly essential are linoleic and linolenic. These may be supplied by the provision of a reasonable quantity of various food fats.

6. There is substantial evidence provided by Evans and Lepkovsky that animal requirements for vitamin B₁ are reduced when reasonable amounts of fat are supplied. They found that rats would grow normally without this vitamin when fed upon a high fat diet. In experiments rats attained a weight of 160 grams in six months without vitamin B₁, provided that the diet contained 50 per cent of lard. It has been known for years that in order to produce acute B₁ deficiency conditions in rats the fat content of the diet must be reduced to a low level.

7. Fats are the vehicles in which fat-soluble vitamins are carried. Of three known fat-soluble vitamins, two, A and D, have been shown to be essential for humans. Many fats, as for example the fat of milk, are excellent sources of vitamin A and the provision of a large amount of fat in the diet ensures a satisfactory supply of the vitamin.

I should like to refer briefly to interesting work on fat metabolism which is in progress in Toronto. Professor Best and his associates have recently shown that a simple nitrogenous base, choline, is intimately connected with fat metabolism and evidence is accumulating to demonstrate that this substance is a dietary essential, ordinarily supplied in our diet in the compound lecithin. On diets rich in fat but poor in choline animals develop fatty livers. Liver fat is reduced to normal when small amounts of choline are fed. Fortunately our ordinary diets provide ample amounts of choline.

Seven points of evidence have been advanced to show that fat is an essential ingredient in an adequate diet for normal individuals. The old conception that fat may be replaced by carbohydrate is erroneous. Unfortunately we cannot say from physiological evidence what amount of fat should be furnished for optimal nutrition. Statistical inquiry shows that fat intake varies considerably in different races. A Japanese is content with 20 grams of fat daily, whereas an Englishman prefers to secure at least 75 grams per day. Races exposed to cold environment use larger amounts of fat than do tropical peoples.

Dietary surveys carried out by Cathcart within the past few years in three British municipalities have shown that an average fat consumption is from 30 to 35 per cent of the total calories. These studies have given the valuable information that fat is the principal dietary constituent affected by income. Comparisons between families on different economic levels indicate that the amount of energy supplied by protein remains remarkably constant. On small incomes the amount of fat is diminished and the amount of carbohydrate increased. As the income increases so does the amount of fat. Families receiving

smaller amounts of fat have a lowered caloric intake, as would be anticipated.

Surveys in the School of Hygiene at Toronto show that sedentary persons living on moderate incomes in Toronto subsist on diets supplying 35 to 40 per cent of the total calories from fat. These individuals do not use a greater proportion of fat in the winter than in the summer, probably since they spend most of their time in a warm environment. It is worth noting that the observed amount of fat is somewhat in excess of that reported by Cathcart and also greater than is indicated in American surveys.

Fat is the dietary constituent which suffers when families live on low economic levels, and I hazard the opinion that nutrition of poor people could be best improved by increasing fat consumption. Unfortunately that is impossible without state aid, such as is given to families on relief, since sources of fat are expensive. Data are not available to show fat consumption and fat sources in Canada. Figures are available for the United States and our food habits are greatly similar. In the United States, of the total fat in human food 55 per cent is supplied by meats, 25 per cent by dairy products and 12 per cent by vegetable oils and nuts. The two principal sources are expensive and this makes obvious the reason why persons in poor circumstances find it necessary to live on diets with low fat content. Poverty is the most serious factor in preventing adequate nutrition. Lack of knowledge as to food values and methods of cooking can be gradually overcome, but poverty remains a barrier insurmountable without state aid.

Estimates Increased for Ontario Mental Hospitals

There is a considerable increase provided for the Ontario Hospital, London, in the estimates laid before the house by Premier Hepburn in introducing his initial budget. Estimated expenditures are placed at \$486,313 whereas the actual expenditures for the fiscal year ending October 31st, last were \$394,499.17. A small part of this increase is in the matter of salaries which show an increase of approximately \$2,500. In addition to this there are provisions in the public works estimates for \$16,000 of capital expenditures and \$15,000 for repairs.

The Ontario Hospital for epileptics at Woodstock is also being provided with a larger amount than was expended in the last fiscal year, when the outlay totalled \$138,177. The estimates provide an amount of \$212,566. There is a drop of about \$250 in the amount set for salaries. In the public works estimates there is an amount of \$5,000 for repairs and incidentals.

At the Ontario Hospital at Hamilton there is a similar situation to that at London where a larger amount is being provided for salaries and a considerably larger amount for all purposes.

Beecher once said—"Some men give so that you are angry every time you ask them to contribute. Others give with such beauty that you remember it as long as you live. Others give as a pump does where the well is dry and the pump leaks."

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The installation comprises 5 Holophane lens boxes set flush with the ceiling and each fitted with a 150 watt lamp. The light is directed to suit the specific requirements of this room.

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Please refer to THE CANADIAN HOSPITAL when writing

Health Insurance Act Before Alberta Legislature

ONE more step in instituting a system of Health Insurance and State Medicine in Alberta—a scheme that in its ultimate development will involve an annual outlay of \$10,000,000—was taken by the Legislature on April 4th, when second reading was given to the bill providing for making a small start on a modified system of Health Insurance.

The bill provides for the appointment of a health insurance commission of three members, to be named by the lieutenant-governor in council.

Chairman of the board is to hold office for a term of 10 years, and the others eight years on first appointment. All subsequent appointments are to be for a period of 10 years.

One of the board members shall be a medical practitioner, while remuneration of all members shall be set by the lieutenant-governor in council, the act provides.

Unless authorized to do so, no member of the commission shall engage in any other business or employment. The office of the board will be in Edmonton.

Action or decision of the commission as to any question of fact shall be final and not open to review or question in any court.

Wide powers are given the commission under the terms of the new legislation. These include the collecting from the provincial treasurer and from every municipality sums payable pursuant to the act, appointment of necessary officers to carry out provisions of the act, making of regulations to carry out provisions of the act, and to appoint such boards of inquiry as may be deemed necessary under the act.

When a majority vote shows that residents are in favor of the formation of a medical district under the act, the commission may make an order constituting the district and fixing the date when such order shall take effect. Provision also is made for the setting up of an advisory board in such medical districts.

When a medical district is formed, every municipality within its boundaries is required to take a census to ascertain whether all persons are residents, income earners or likely to become income earners, and such other information as may be prescribed by the act.

Upon the formation of a medical district, every municipality shall pay to the commission an annual sum of such amount as will equal the amount obtained by multiplying \$11.28 by the number of persons residing within the municipality.

The provincial treasurer shall pay to the commission out of the general revenue fund an annual sum equal to the amount obtained by multiplying \$3.22 by the number of persons residing within the municipality.

All annual sums so payable are to be paid by equal quarterly instalments. A discount of two per cent is allowed to municipalities making payments on due dates as compensation for expenses incurred by the municipality under the act.

The act provides that every person who is employed at salary or wages and is a resident of the medical district shall pay to the municipality in which he resides a monthly sum of \$2.01.

Every employer of any person at salary or wages who is a resident of the district shall pay to the municipality the monthly sum of 81 cents for each employee.

Every person who casually employs any person who is a resident of a health district shall pay monthly to the municipality one-half cent per hour for every hour of such employment. Every person who is casually employed is required to pay one cent per hour as his contribution.

Every income earner, other than wage-earners, resident in a municipality shall pay to the municipality either the annual sum of \$33.83 or the monthly sum of \$2.82.

The act provides that every resident of a medical district shall be entitled to the following benefits without charge. Any necessary hospitalization in public ward; any necessary nursing services, any necessary medical and surgical attention, advice and treatment; any necessary dental attention, advice and treatment; benefit of laboratory services such as X-ray and biochemical services and hospital facilities requisite for diagnosis; all such drugs, medical and surgical supplies and appliances as may be prescribed by the medical practitioner.

Doll's House to Tour World in Aid of Children's Hospitals

Colleen Moore's doll house, a 14 foot fairy castle with 11 rooms, is going on a world tour, and the proceeds from exhibitions will be donated to hospitals for crippled children.

This architectural toy, which cost \$345,000, was designed by the famous film star, and is built in scale of an inch to the foot. Seven hundred craftsmen worked on the house and its completion took nine years.

Among other marvels, the little castle contains a gold cathedral organ 15 inches high, which plays music; a feathered nightingale operated by electricity, which sings from a glass tree in Aladdin's garden; electric light bulbs the size of wheat grains; miniature water tanks that feed live fountains; a robot fairy princess who sings, answers questions and dances in a garden; a Bible the size of a baby's thumb nail, and live tropical fish in the garden pool.

This delightful fairy castle will enthrall hundreds of thousands of children and grown-ups too, in many parts of the world, and the proceeds will bring hope and happiness to many other hundreds of crippled children.

Offensive Odors are Eliminated with Odokil

All problems of disinfecting and deodorizing are, it is claimed, efficiently and inexpensively met by D-B Odokil, a powerful germicide made by Dustbane Products Limited, which quickly overcomes objectionable odors without leaving a strong, pungent odour in its wake. The base of this unusual germicide is Formaldehyde, one of the easiest handled true deodorants known to chemistry.

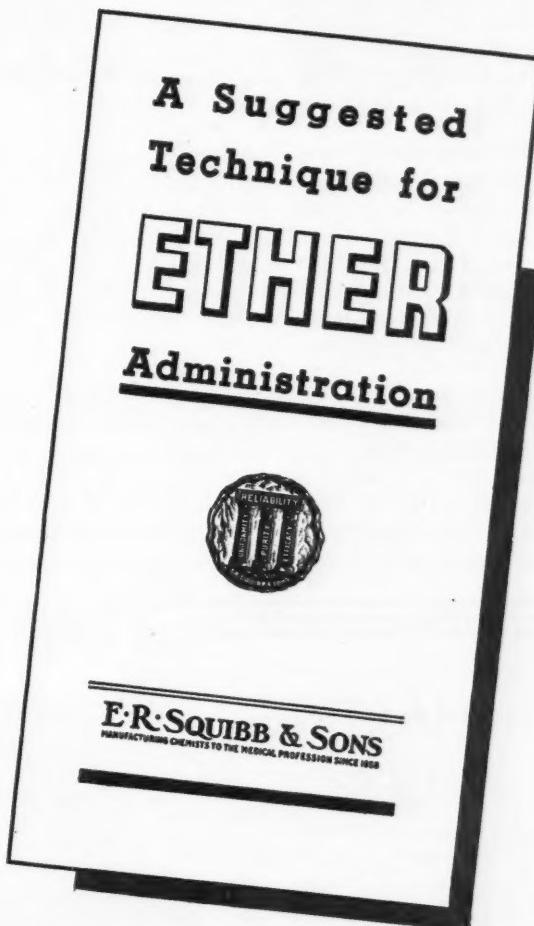
Destructive to germs and bacterial life, D-B Odokil is alkaline in nature, giving it greater penetrating power in the presence of organic matter. It will not stain, discolour nor corrode and is harmless to man and higher animals. It is used as a spray, in solution or in air conditions.

Now IN BOOKLET FORM . . .

FOR the past ten months, in a series of advertisements, E. R. Squibb & Sons have suggested points of technique regarding the administration of ether. The response to these advertisements has indicated a nationwide interest.

The many requests for reprints have prompted the publishing of an illustrated booklet containing the material used in the advertisements. These points of technique will enable the surgeon and anesthetist to obtain the full value of a superior ether.

Squibb Ether is a superior Ether—the only one packaged in a copper-lined container which prevents the formation of aldehydes and peroxides, thus lessening the post-operative toxicity. Squibb Ether gives better results.



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Please send me a copy of your booklet "A suggested technique for Ether Administration."

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City Prov.

Hospital Aid News

"There is but one temple in the world, and that is the body of man. Nothing is holier than this high form. Bending before men is a reverence done to this revelation in the flesh, we touch heaven when we lay our hand on a human body."—Novalis.

A luncheon of the officers and advisory members will be held at the home of the President, Mrs. Margaret Rhynas, Muirhall, Burlington, on Friday, May 31st, to make final plans for the Convention to be held at the Royal York Hotel, Toronto, Oct. 15-16-17.

* * *

On April 12th a very successful get-together meeting of the Fort Erie Hospital Aid members and other interested women in and about the vicinity, was held at the Douglas Memorial Hospital. Mrs. Jones, the Superintendent, and Mrs. Wilson, President of the Aid, received the guests. The Provincial President was the guest speaker, when all enjoyed an inspiring address on Hospital Aid responsibilities.

* * *

The Cameo Trio of Toronto gave a very successful concert under the sponsorship of the Ladies' Aid of the St. Catharines General Hospital and Leonard Nurses' Home, of which fifty per cent of the net proceeds were received by the Aid, making a splendid sum to help carry on the Aid work.

* * *

At the March meeting, the Aid was favoured with a visit from Mrs. Rhynas, Provincial President, who gave a splendid address.

On March 15th, the Sixtieth Anniversary of the Ladies' Aid of the St. Catharines General Hospital and Leonard Nurses' Home, was fittingly celebrated when the Aid gave a delightful tea in the handsome reception room of the Nurses' Home. The President, Mrs. Harkness, and Miss Anne Wright, Superintendent of the hospital, received the many guests. Green and white, together with bouquets of spring flowers and lighted candles, decorated the two large tables over which Mrs. E. Kister, Mrs. J. C. Ball, Mrs. E. D. Coutts, Mrs. A. H. Greenwood, Mrs. V. Paul MacMahon, Mrs. A. S. Malcolmson, Mrs. D. S. Thurber and Mrs. Dean MacDonald presided during the afternoon. The three tier birthday cake, beautifully ornamented in green and white, held the place of honour on a small table, and later was cut by Mrs. Hugh McSloy. A bake table was another attraction which was well patronized.

* * *

The 1935 graduating class of the Victoria Hospital, London, held a dinner and dance at the London Hotel on the evening of April 27th. The Nurses-in-training Committee had charge of arrangements.

* * *

The Kingston Hospital Aid officers for the coming year are: Hon. President, Mrs. G. C. D. MacCallum; Hon. Vice-Presidents, Mrs. W. T. Connell, Miss Austin, Mrs. F. Etherington; President, Mrs. Stuart Crawford; 1st Vice-Pres., Mrs. MacCallum; 2nd Vice-Pres., Isobel Ross; Secretary, Mrs. Stanley Graham; Treasurer, Mrs.

STAN-STEEL

CHARTING DESK

This popular desk is constructed of the highest quality materials. Two spacious drawers fully rubber bumpered for quiet operation. Length of desk 42", depth 26", height 30".

Top and chart well of stainless steel, with $\frac{1}{2}$ inch sound deadening insulation. Bronze hardware heavily plated.



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May, 1935

THE CANADIAN HOSPITAL

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W. J. Gibson; Visiting Conveners, Mrs. W. J. Crothers, Mrs. P. MacDonnell; Sick Children's Sewing Committee, Mrs. Armstrong, Mrs. R. R. MacGregor; Senior Committee, Mrs. H. Cook, Mrs. McCallum; Copper Bag Committee convener, Mrs. C. F. Taylor; Membership Committee, Mrs. F. A. Cays; Executive, Mrs. H. A. Kent, Mrs. T. A. Kidd, Mrs. C. Stewart, Mrs. Leichman, and Past Presidents.

A very successful bridge party was held, when two hundred and eight dollars was realized.

At the April meeting an open session was held, when friends of the Aid attended and enjoyed a chat and cup of tea.

In June a garden party will be held at the home of Honourable T. E. and Mrs. Kidd.

We wish to extend profound sympathy to Mrs. Fraser Armstrong in the passing of her father. Mrs. Armstrong has just returned from Fredericton, N.B., having been called to her parents' home owing to this sudden bereavement.

* * *

Sister Heany of St. Thomas' Hospital (Florence Nightingale School for Nurses) London, England, is a guest of Miss Priscilla Campbell, Superintendent of the Chatham General Hospital, and will be a much feted guest during her stay in Canada.

* * *

Annual convention speakers for Wednesday morning, Oct. 16th, it is expected will be:

Miss Nora Frances Henderson, chairman of the Controllers of the City of Hamilton, a brilliant and dynamic speaker, on constructive and informative subjects of value to organization work. Miss Henderson is Honourary President of the Hamilton Branch of the Canadian Press Club.

Miss Marion Lindeburgh, Acting Director of the School for Graduate Nurses, McGill University, Montreal—a speaker of outstanding ability and versatility.

Miss Madge McCort, Superintendent of the Niagara Peninsula Sanatorium, St. Catharines, who will give a survey of the sanatorium and volunteer women's activities connected with this institution.

We are extremely fortunate in securing these three outstanding women on the programme, as each one represents a high place in the sphere in which she is engaged.

Hospital Found Negligent in Action for Damages

General damages of \$16,000 and special damages to be determined between solicitors are awarded by a supreme court judgment handed down in Edmonton on March 23rd by Mr. Justice Boyle in the case of Lydia Beatty versus the Sisters of the Misericordia.

Negligence on the part of the hospital management while the plaintiff was a patient is found by the judgment.

The action arose from injuries suffered by the plaintiff, who was a patient in the hospital for a surgical operation. The claim was that two days after the operation she was permitted, while under the influence of a sedative, to roll out of bed and also that a few days later, while an attempt was being made to replace a drainage tube, the sutures of the wound were torn.

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EFFICIENT and
ECONOMICAL
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HOSPITAL
BED CASTERS



They're quiet, easy-swivelling, self-lubricating . . . and they won't mark floors. Available in plain or ball-bearing construction, with wheels from 1 1/8" to 5" in diameter. We'll gladly send you, at your request, a sample set for one month's free trial. Drop us a line today. Write for Catalogue No. 114.

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Corporation of Canada, Ltd.

BELLEVILLE, ONT.

Rid Your Premises of ROACHES



We absolutely guarantee that one thorough application of Murray's Roach Doom will completely rid your premises of roaches. It does not only destroy the old insects—it kills the young.

To all roaches and water bottles it is a deadly powder, which owing to its slow action, allows the old bugs time to carry it to their young in the walls, thus exterminating them root and branch. It has no odor whatever.

\$1.75 per lb. sifter top can, carriage prepaid anywhere in Canada. Also put up in 5 and 10 lb. metal pails, each of which contains a blower for applying the powder. 5 lb. pails, \$7.50; 10 lb. pails, \$12.25.



British and Colonial Trading Co., Limited

284-6 Brock Avenue - Toronto

Please refer to THE CANADIAN HOSPITAL when writing

Build Goodwill for the Hospital in Your Community

ASERIES of editorials, entitled "Your Hospital and Mine," has been appearing in the Glace Bay, Nova Scotia, Gazette. The following by Miss Anne Slattery, Secretary of Nova Scotia and Prince Edward Island Hospital Association, presents excellent reasons why the hospital should be regarded as an asset of first importance to every community:

"If there is a hospital in your community, remember it is your hospital. Part of the taxes you pay helps to support it. No doubt you contribute once or twice a year to it on Hospital Sunday. You have seen it from the outside. Have you ever been inside? Some day your doctor may say, 'You must go to the hospital for a few days.' Then you will see the hospital while you are sick and worried. Why not get interested in your hospital now?

Before you rush in, however, ask yourself what our hospital means to our community. If enumerated, we shall find:

1. That it exists because of endless effort on the part of a group of individuals who saw its necessity, worked to make it a reality and to keep it so. It was unselfish work. Because you got it for nothing, must you neglect your heritage? On the contrary, pass it on to those who follow you, a little better for its contact with your generation.

2. That it is an economic asset to your community. Each breadwinner forced to cease work is an economic loss to it. He earns nothing but spends his savings, if he

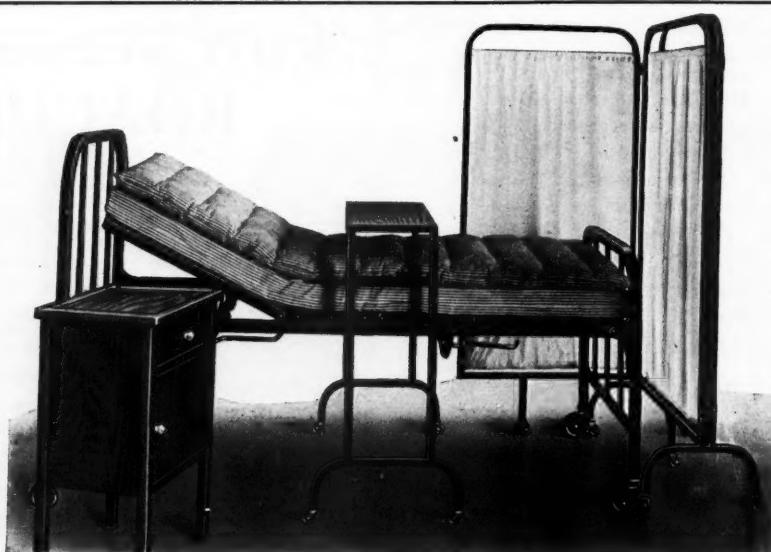
has any. This means that his spending is more meagre or the community has to provide for him and his family. The hospital shortens his period of illness to a minimum. Fifteen years ago the average stay in hospital of each patient was about three weeks. Now, better Medical and Surgical methods skilfully applied in the modern hospital have reduced the average stay to two weeks or less, reducing by 30 per cent the period of no earning power. If it is the wife and mother who is ill, a housekeeper must be provided and paid for—a saving of 30 per cent here also.

3. That our hospital has attracted capable, alert Medical men to our community who would not have come had it not existed. This means better medical service for us. This type of doctor makes the best citizen, interested in the welfare of the town, often a member of the Town Council or Mayor.

4. That families settle as far as possible where there are good educational facilities for their children and good medical and hospital services available when they are ill. Every promoter of a better hospital promotes his town as a good place in which to live.

5. That through the various hospital aids a large number of people come in contact with the hospital and those who work in it. By this means many commonsense ideas regarding the care of the sick are gleaned which can only result in good when applied in the home.

Therefore, because of these things alone, we resolve to interest ourselves from this day onward in our hospital. We are going to strive for its betterment because of its real value to our community, of which we are proud to be citizens."



Metal Craft Equipment is used in Practically Every Hospital and Sanatorium in Canada.

We Shall be Pleased to Quote on Your Requirements.

THE METAL CRAFT CO., LIMITED

"Makers of Metal Hospital Equipment"

GRIMSBY

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New Surgical Pavilion for Queen Alexandra San.

A new surgical pavilion, including a pathological laboratory, will be erected at Queen Alexandra Sanatorium, Byron, this spring, at a total cost of between \$75,000 and \$85,000 including all equipment, by the London Health Association.

At the annual meeting held on April 3rd, when Col. Ibbotson Leonard was re-elected president, the executive committee was authorized to proceed with plans for this building, the necessity for which arises out of the new surgical treatment of tuberculosis.

The building, which will have provision for 30 beds, will be erected in front of the Earl Gray Pavilion, it is expected. The Willingdon Pavilion, to the extreme north of the hospital buildings, was the last pavilion to be erected in connection with the Sanatorium, although the chapel, St. Luke's in the Garden, is also a new edifice on the grounds.

F. A. Gaby, former chief engineer of the Hydro Electric Power Commission, and associated with the late Sir Adam Beck, in the establishment of Queen Alexandra Sanatorium, was elected a member of the board of directors.

The report of the medical supervisor, Dr. D. W. Crombie, pointed to the need for further equipment and space for surgical treatment.

"The treatment of tuberculosis is no longer one of rest and acquiescence," the report stated. "The surgeons have come to our aid by successfully devising various operations upon the chest which bring about recovery in many otherwise hopeless cases. It is noteworthy that over 70 per cent of our cases of pulmonary tuberculosis were treated by some form of chest surgery. During the past year, we have added to our equipment a new operating table, an oxygen tent and numerous instruments required for chest surgery."

The total number of patients treated during the year was 1,060; the number of patients admitted 533.

Powerful X-Ray Apparatus Installed at Radium Institute

A 500,000 volt apparatus for the treatment of cancer was inaugurated a few weeks ago at the Radium Institute of Montreal, 4120 Ontario Street East. The institute's ultimate aim is a 1,200,000 voltage.

"The initial voltage is 400,000 but will be gradually increased during the coming weeks to 500,000 volts which is the limit for cancer treatment in Canada at the present time," Dr. J. E. Gendreau, director of the institute, stated. "This apparatus is the largest and most powerful in Canada and is surpassed only by a few in the United States, such as at the Memorial Hospital in New York, Mercy Hospital in Chicago, University of California and Columbia University and a few in Europe, such as in Berlin with 600,000 volts and Strasburg with 800,000. This improvement confirms to a great extent the institute's leading position among Canadian institutions and places it among the more important cancer-treating hospitals in the world."



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Medicinal Spirits
Iodine Solution
Absolute Ethyl B.P.
Rubbing Alcohol
Denatured Alcohol

Our Technical Service Division is ready at all times to co-operate with you on all matters pertaining to Maple Leaf Alcohol.

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COMPANY, LIMITED**
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The durability and intrinsic cleanliness of this ware, together with the ease with which it can be sterilized, make it a "sine qua non" of a modern Hospital.

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143 COLLEGE STREET, TORONTO
Manufacturers of Surgical Instruments and Hospital Equipment.

Sole Agents in Canada for:
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Rayner's Optical Instruments

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News of Hospitals and Staffs

*A Condensed Monthly Summary of Hospital Activities,
and Personal News of Hospital Workers*

BLAIRMORE, ALBERTA.—Ratepayers of the town of Blairmore will shortly be given an opportunity to vote on the municipal hospital question—as to whether or not their money should be invested in a hospital. It is proposed to purchase the former Lyon residence on Eighth Avenue, and at present occupied as a hospital by Dr. Stewart.

* * *

DUNCAN, B.C.—In view of the statement of Mr. E. W. Neel, chairman of the King's Daughters' Hospital, Duncan, that there is no likelihood of state health insurance being brought in this year, the board of directors decided to take immediate steps to formulate a local scheme.

This would at first embrace camps and mills and, possibly, at a later date, take in any private individuals or other groups who wished to come under the scheme. The incoming finance committee were authorized to prepare some plan for presentation to the board at their next meeting. This, the chairman stated, would not interfere in any

way with any plan the Government might bring in, as any local insurance scheme then in force would be absorbed by them.

* * *

FREDERICTON, N.B.—The Victoria Public Hospital Board at its regular monthly meeting in March decided that the purchase of a new ambulance for the use of the hospital was necessary. The immediate purchase of such was left to the Repairs Committee.

* * *

FORT WILLIAM, ONT.—H. H. Browne, Secretary-manager of McKellar General Hospital, and director of the Ontario Hospital Association, has just completed 15 years' service with the institution. Congratulations!

* * *

HALIFAX, N.S.—George Belton, day supervisor and one of the most popular members of the staff of the Nova Scotia hospital, has retired from the service of that institution after 43 years in its employ. Following Dr. E. F. Lawlor, he is the second of the older members of the staff to leave the hospital within the past few months.

For eight years he worked in the institution as an orderly. His work was of high calibre, and upon the retirement of Alex MacLean he was promoted to the position of night supervisor, a position he filled capably for 20 years. Mr. Belton became day supervisor upon the death of the late Thomas Christian. The latter office he has held until his retirement.

* * *

KIRKLAND LAKE, ONT.—The directors of the Kirkland Hospital Board are considering an extension to the present hospital plant.

* * *

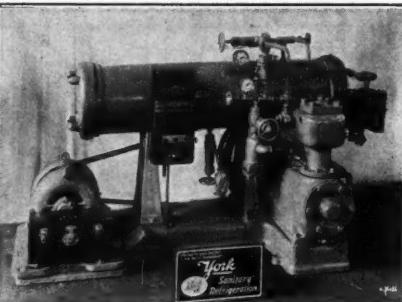
KINGSTON, ONT.—Dr. C. H. Lewis, director of the mental health clinic at the Ontario Hospital here since it was organized several years ago, had been transferred to Ontario Hospital, Queen Street, Toronto, as assistant superintendent. Dr. A. M. Doyle, of the Psychiatric Hospital, Toronto, replaces Dr. Lewis here.

* * *

EDMONTON, ALTA.—Recommending to city council that the city take over the Grace Hospital building now operated by the Salvation Army, the civic finance committee Tuesday set the date of the transfer as May 1.

This city-owned building has been used as a maternity hospital by the Army for the past nine years.

It is proposed to use the building to care for orphans and old people who are charges of the city.



Yorkco Unit — Made in Canada

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Mechanical Refrigeration
have

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ICE MACHINES**

“The Best Made”

Let us send you the names of those nearest you.

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May, 1935

THE CANADIAN HOSPITAL

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LONDON, ONT.—J. Russell Ardiel, in charge of the drug dispensary at Victoria Hospital for the past seven years, has resigned.

James Walter, druggist, of London, was appointed to fill the position.

* * *

LONDON, ONT.—Captain Faith Fidler, for the past year, superintendent of nurses of Bethesda Hospital, this city, has been appointed superintendent of nurses at Grace Hospital, Vancouver, B.C. Captain Fidler, who came to London from Grace Hospital, Windsor, after the re-opening of Bethesda has contributed largely to making this an outstanding institution.

* * *

LONDON, ONT.—Mrs. William Marsh, member of the library committee of the Victoria Hospital Auxiliary, was recently presented with a life membership in the Auxiliary in recognition of her services to that organization. Mrs. Marsh has for eleven years been a regular weekly visitor to the hospital wards. She received the life membership parchment from Mrs. A. R. C. Hourd, president of the Auxiliary.

* * *

MENNOM, SASK.—Mennonite people of various districts, including Mennon and Hepburn, are discussing the advisability of establishing a hospital at Hepburn. Collectors are touring the districts asking people to take shares. If enough shares can be sold it is quite probable that a hospital will be built in the near future. Families will also be asked to subscribe certain fees and those doing so will be granted free, or at least cheap hospitalization. There is at present a small nursing home at Hepburn to which cases are sent, particularly maternity.

* * *

MONTREAL, QUE.—Official inauguration of the Verdun General Hospital's department of electro-radiology took place in the presence of a large number of French-Canadian members of the local medical profession. The programme included a brief address by Dr. Albert Jutras, recently-appointed chief electro-radiologist of the hospital, who outlined the technical and medical features of the equipment recently acquired.

* * *

MONTREAL, QUE.—A notice acknowledging a legacy of \$2,000 made by Miss Annie Mary MacDonald to the Notre Dame Hospital was sent out by the board of administration of the hospital recently.

Miss MacDonald, who died in Westmount about five

(Continued on next page)

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EFFICIENTLY with
FINNELL
Electric Floor Equipment

Put it up to our FINNELL specialists.

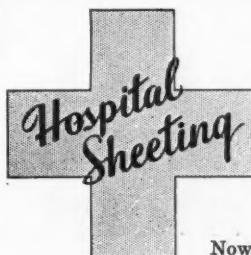
They will give you the benefit of 26 years' experience in floor maintenance by modern methods!

One Finnell machine scrubs and then absorbs the water. Another waxes, polishes and scrubs. Another melts wax electrically, dispensing, applying and polishing to satisfy the most critical.

Write for circulars.

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Nowhere is economy a more important feature than in the management of the Hospital.



C-I-L Hospital Sheeting is a first class aid to economy, and is doing its share daily, quietly, faithfully, in the saving of mattresses, bed linen, uniforms, etc. It is always dependable—never "lets you down." There is a suitable quality for every purpose.

Tell us your needs. Let us send you samples.

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are Manufactured 100% by
CANADIAN INDUSTRIES LIMITED
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Cast Aluminum for

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- Sanitation
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Cooking Utensils for All Purposes

**Stock Pots, Pans, Steam Jacketed
Kettles, Roasters**

Ask Us for List of Installations

**SULLY ALUMINUM
Limited
TORONTO, ONTARIO**

HOSPITAL and Kitchen Equipment

Food Trucks, Steam Tables,
Ranges, Kitchen Equipment
of all kinds.

Labour Tables, Nursery
Tables, Instrument Cabinets,
Condenser Units, Special
Equipment.

We have acquired all patterns, chucks, etc.,
belonging to the Geo. Sparrow Co., Limited,
and are now in a position to supply all parts
for equipment formerly made by this company.

**HOSPITAL & KITCHEN
EQUIPMENT CO., LIMITED**
67 PORTLAND ST. - TORONTO

WA. 4544-5

News of Hospitals and Staffs

(Continued from preceding page)

years ago, was a daughter of the late Eugene Alexander MacDonald, who was registrar of the High Court of Justice and the Surrogate Court for the United Counties of Glengarry. She was a sister of the late Major General Sir Donald A. MacDonald.

* * *

NOKOMIS, SASK.—Rescuers barely had time to get three patients from the smoking Cottage Hospital at Nokomis before the building became a mass of flames on Saturday, March 30th. The loss exceeds \$22,000. Equipment valued at \$17,000 was totally destroyed. Dr. J. Fieldman, owner of the hospital, stated there was sufficient insurance to permit him to commence construction of a fireproof building within a few weeks.

* * *

OWEN SOUND, ONT.—At a special meeting of the subscribers of the Owen Sound General and Marine Hospital a complete new set of by-laws and regulations were finally passed and will go into effect at once. The number of members of the Board of Trustees was reduced from 24 to 20 and the new Board was elected. Officers will be elected at the next meeting of the Trustees. The president, Mr. J. R. McLinden was in the chair.

The new by-laws have been adopted at the request of the Hospital Division of the Ontario Department of Health, and thus conform in a general way with by-laws and regulations of other hospitals in this Province.

* * *

PENETANGUISHENE, ONT.—Disclosures in connection with the Ontario Hospital at Penetang, which have already resulted in the dismissal of one official, have been reported by Dr. B. T. McGhie, deputy minister of hospitals, to Hon. Dr. J. A. Faulkner, minister of health, and will, it is understood, be dealt with drastically.

Dr. McGhie, as special investigator, is reported to have visited the institution, and on the distant premises of one official to have uncovered a team of horses, some calves, clothing, and other articles which are alleged to have been removed from the hospital premises.

* * *

REGINA, SASK.—Decision to extend their services in a northern Saskatchewan area settled largely by southerners from the drought area, was sanctioned by members of the Red Cross Society outpost committee, who voted an addition to the Loon Lake Hospital.

Supplied by the provincial government, logs are already being hauled seven miles in preparation of construction. The addition will double the present accommodation to 20 beds.

* * *

TRURO, N.S.—Several worthy institutions were remembered in the will of the late Albert Cook, Salmon River, who died on February 28th. The Colchester County Hospital receives \$5,300 and the First United Church, Truro, gets \$1,000. The Institute for the Blind, Halifax, \$500; Orphanage, Bible Hill, \$500; Maritime Home for Girls, \$500; trustees Victoria Park, \$500, and to Watson cemetery, \$200.

Please refer to THE CANADIAN HOSPITAL when writing

VANCOUVER, B.C.—There are 150 miles of coastline on the west side of Vancouver Island without a hospital, and coast residents are getting together to do something about it.

Their purpose is to build and equip a small emergency hospital at Tofino.

A committee of residents of the area has been formed to take immediate action and is appealing for money donations.

* * *

VANCOUVER, B.C.—The board of governors of the General Hospital have appointed Mr. Oliver Phillips, a well-known Vancouver business man, to the post of board secretary. He succeeds George S. Haddon, who was recently dismissed from the position of secretary and business manager.

No appointment was made to fill the vacancy caused by dismissal of F. Biggins, accountant.

* * *

VANCOUVER, B.C.—Pleading guilty to the theft of \$14,898 from three funds under his supervision as a hospital executive, George S. Haddon, former business manager and secretary of the Vancouver General Hospital, was sentenced by Magistrate H. S. Wood in Police Court on March 29th to three years in the penitentiary.

Haddon, employed by the hospital for thirty-three years, had risen from the post of office boy to the high position he formerly filled.

Frederick Biggins, former accountant of the hospital, who was charged with Haddon was in court later for preliminary hearing, at conclusion of which Magistrate Wood announced his intention of committing him for trial.

* * *

VERNON, B.C.—Miss Jean Ellis, R.N., who for a number of years has been on the staff of the Vernon Jubilee Hospital, has been appointed superintendent of the West Coast General Hospital at Port Alberni. Miss Ellis, during the course of her stay in Vernon, has formed a very large number of friends, who will be pleased to learn of her appointment.

* * *

VICTORIA, B.C.—The government has introduced a bill providing for the establishment and maintenance of a sanatorium for the care and treatment of persons suffering from tuberculosis, to be situated at Coquitlam. The municipalities from which the patients came would be charged \$1.25 per day for each inmate of local origin.

* * *

WINDSOR, ONT.—A lifetime spent in service for others, including almost a half-century of administering to patients in Hotel Dieu, was brought to a close on April 8th with the death of Sister Josephine, oldest member of the hospital staff.

Seventy-five years of age, Sister Josephine had been in ill health for several years. She had retired from active work at the hospital 10 years ago.

Sister Josephine entered the hospital in 1891, three years after the institution was opened. From then until the time of her death the hospital was her home.

(Continued on page 42)

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G & W PHARMACEUTICAL ALCOHOLS

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FREE

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McKesson Anaesthetic Appliances—
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We make a specialty of all types of Hospital Bed Casters.

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White Mice and Guinea Pigs Now Duty Free

White mice and guinea pigs will come into Canada free as a result of a change in the tariff made by the new budget. They will come in as animals for research and experimental subjects.

Research laboratories complained that Canada was falling down in the production of both white mice and guinea pigs and they had to be brought in from United States.

So tariff item 698, which allows scientific apparatus to come in free when used for research work, was enlarged to include these animals.

* * *

Three-cent-a-day Plan Under Way in New York

"The three-cent-a-day plan" for hospitals was ready on April 1st to become effective in 153 hospitals in the metropolitan area.

The service provides group hospitalization insurance for gainfully employed persons under 65 years old, Dr. Karl Eilers, president of the Associated Hospital Service, announced.

Payroll deductions will be the method of payment for the service which provides three weeks a year of semi-private hospital care if it is needed. The cost will be 90 cents a month or a flat rate of \$10 a year.

* * *

New Fire Alarm System at Oshawa General

The newly-installed fire alarm system at the Oshawa General Hospital has been tested and approved by civic officials and members of the Hospital Board.

Through an intricate system of wiring, firestats are installed in all parts of the building that constitute a fire hazard and the firestats are set to calibrate at any predetermined temperature with the result that any abnormal temperature, such as would be caused by even an incipient fire, causes the firestat to operate automatically by sending in an alarm to the annunciators located in the hospital offices. The annunciators design-

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Fire Extinguishers of every type—all approved by Canadian Fire Underwriters Laboratories

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Genuine Johnson's Paste Wax for Easy Floor Maintenance — Polishes, Preserves, Protects

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Electric Food Trucks, Labor Tables, Nursery Tables, Steam Tables and Special Equipment

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Electric Kitchen Equipment, including Dishwashers, Slicers, Mixers, Vegetable Peelers

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Write for sample.

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Anatomical Models, Skeletons, Charts, "OB" Phantoms, Manikins, Dolls, etc.

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Pure Olive Oil for Medicinal Purposes.

nate the exact location of the fire and at the same time an alarm is sounded in the Fire Station.

* * *

Toronto's Contribution to Jubilee Cancer Fund

Toronto's celebration in connection with the King's Jubilee will not be an expensive one, as a \$10,000 contribution to the King George V Jubilee Cancer Fund is to take the place of any costly demonstration, it was announced at the City Hall on April 1st.

Toronto is joining with the Province of Ontario in a mass observance of the occasion, in Queen's Park.

School children will be the first to mark the jubilee week-end when they assemble in their schools on Friday, May 3rd, to sing appropriate songs and hear addresses telling of the significance of the event.

Monday, May 6th, will be a public holiday. On the Sunday preceding, the annual Garrison Church Parade will be held to the Maple Leaf Stadium, where a drum head service will be conducted by local padres.

The city is sending an address of greeting in book form to His Majesty, and a large display sign appropriately lighted will adorn the front balcony of the city hall emblazoned with the legend: "1910—GVR—1935. God Save the King."

* * *

Chloroform Was First Made in Canada

Canada has the honour of being the first country on the American continent to make chloroform and use it as an anaesthetic, according to the Medical Department of the Canadian National Railways. In the year 1848, an apothecary at Picton, N.S., J. D. B. Fraser prepared and purified some chloroform in his small drug store in that town and it was used by a local surgeon, Dr. W. J. Almon, as an anaesthetic in amputating the thumb of a woman in the poorhouse. Chloroform was first discovered in Leibig, in 1831, and first used by Sir James Simpson, in Great Britain, in 1847.

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Manufacturers of Surgical Instruments and Hospital Equipment.

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(Continued from page 39)

WOODSTOCK, ONT.—Two changes in the staff of the Woodstock General Hospital have been announced. Following the retirement of Dr. J. B. Jupp, head of the Laboratory Department, announcement is made of the appointment of Dr. W. M. Gilmore, radiologist at Stratford General Hospital, to head the X-ray Department, with Dr. D. M. Lawrason of the University of Western Ontario staff as the assistant. Both doctors are graduates of Western.

* * *

WOODSTOCK, ONT.—In a few weeks Woodstock General Hospital will be equipped, for the first time since the founding of the institution with a children's ward designed for that purpose exclusively.

The new children's ward occupies the second floor of the central rear wing, directly over the X-ray department, and is composed of four rooms in which cots are to be placed, a utility room, a bathroom and small kitchen.

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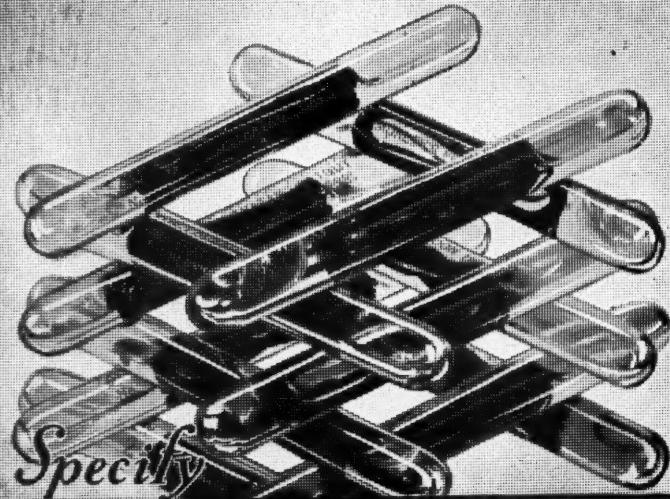
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